

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 **and ending** JUN 30, 2024

B Check if applicable:	C Name of organization SIMON WIESENTHAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1399 SOUTH ROXBURY DRIVE City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90035	D Employer identification number 95-3964928
Address change Name change Initial return Final return/terminated Amended return Application pending	F Name and address of principal officer: SHELDON B. RABINOWITZ SAME AS C ABOVE	E Telephone number (310) 553-9036
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	J Website: WWW.WIESENTHAL.COM	G Gross receipts \$ 37,800,143.
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 1985	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
M State of legal domicile: CA		H(c) Group exemption number

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE SIMON WIESENTHAL CENTER IS A GLOBAL JEWISH HUMAN RIGHTS ACTIVIST ORGANIZATION THAT CONFRONTS		
2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	138
6	Total number of volunteers (estimate if necessary)	6	94
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-149.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	27,516,858.
	9 Program service revenue (Part VIII, line 2g)	Current Year	33,928,906.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,279,084.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		512,966.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,644,222.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,953,130.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		12,757,973.
	b Total fundraising expenses (Part IX, column (D), line 25)		0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,312,513.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,326,307.
19 Revenue less expenses. Subtract line 18 from line 12		28,084,280.	
			2,868,850.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	88,057,570.
	21 Total liabilities (Part X, line 26)	End of Year	92,105,529.
	22 Net assets or fund balances. Subtract line 21 from line 20		39,747,627.
			41,277,438.
			48,309,943.

Part II Signature Block

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.

Sign Here	<i>Sheldon B. Rabinowitz</i> SHELDON B. RABINOWITZ, INTERIM CFO Type or print name and title	10/13/25 Date	
Paid Preparer Use Only	Print/Type preparer's name CAREY MCKEE	Preparer's signature	Date 10/13/25
	Firm's name KPMG LLP	Check if self-employed	PTIN P01281067
	Firm's address 550 SOUTH HOPE STREET, SUITE 1500 LOS ANGELES, CA 90071	Firm's EIN 13-5565207	Phone no. 213-972-4000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE SIMON WIESENTHAL CENTER IS A GLOBAL JEWISH HUMAN RIGHTS ACTIVIST ORGANIZATION THAT CONFRONTS ANTI-SEMITISM, HATE, STANDS WITH ISRAEL, THE CENTER CONFRONTS ANTI-SEMITISM AND HATE, PROMOTES HUMAN DIGNITY, DEFENDS THE SAFETY OF JEWS WORLDWIDE, AND TEACHES THE LESSONS OF THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,464,801. including grants of \$) (Revenue \$) OUTREACH, SOCIAL ACTION, PUBLIC INFORMATION, AND EDUCATION PROGRAMS: THE 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.

4b (Code:) (Expenses \$ 6,649,159. including grants of \$) (Revenue \$ 959,141.) MUSEUM PUBLIC PROGRAMS: THE CENTER OPERATES THE MUSEUM OF TOLERANCE IN LOS ANGELES OPEN TO THE PUBLIC THAT PROMOTES TOLERANCE & EDUCATES THE PUBLIC ABOUT THE LEGACY OF THE HOLOCAUST AND THE DANGERS OF HATE AND PREJUDICE.

4c (Code:) (Expenses \$ 5,019,347. including grants of \$) (Revenue \$ 467,190.) MUSEUM DIVERSITY TRAINING: THE MUSEUM CONDUCTS DIVERSITY TRAINING COURSES FOR POLICE OFFICERS, EDUCATORS, AND OTHER PROFESSIONALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 657,567. including grants of \$) (Revenue \$)

4e Total program service expenses 20,790,874.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 34; 1b Enter the number of voting members included... 34; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHELDON B. RABINOWITZ - (310) 553-9036
1399 S. ROXBURY DRIVE, LOS ANGELES, CA 90035

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. SHELDON RABINOWITZ INTERIM CFO	40.00 0.00			X				1,259,875.	0.	0.
(2) RABBI MARVIN HIER PRESIDENT/CEO/FOUNDER/DEAN	33.00 7.00			X				603,682.	128,053.	29,219.
(3) MS. SUSAN BURDEN FORMER CFO/CAO	0.00 0.00						X	510,000.	0.	0.
(4) RABBI ABRAHAM COOPER ASSOCIATE DEAN	40.00 0.00				X			473,722.	0.	31,121.
(5) RABBI MEYER MAY EXECUTIVE DIRECTOR	40.00 0.00				X			470,084.	0.	32,671.
(6) MS. MARLENE HIER DIRECTOR, MEMBERSHIP DEVEL	40.00 0.00				X			378,726.	0.	32,219.
(7) MR. RICHARD TRANK DIR OF MEDIA/EXEC PRODUCER	40.00 0.00				X			351,013.	0.	32,269.
(8) MS. LIEBE GEFT DIRECTOR, MUSEUM OF TOLERA	40.00 0.00				X			349,833.	0.	32,143.
(9) DR. SHIMON SAMUELS DIRECTOR OF INT'L AFFAIRS	40.00 0.00					X		301,563.	0.	14,500.
(10) MS. MICHELE ALKIN DIRECTOR OF COMMUNICATIONS	40.00 0.00					X		269,829.	0.	16,661.
(11) MR. ABRAHAM FRIED DIRECTOR, SOUTHERN REGION	40.00 0.00					X		253,135.	0.	21,865.
(12) MS. ABIGAIL CANIZALES VP/CONTROLLER	40.00 0.00					X		260,353.	0.	13,820.
(13) MS. ALISON PURE-SLOVIN DIRECTOR, MIDWEST REGION	40.00 0.00					X		237,982.	0.	12,719.
(14) MS. DAWN AARON CHAIRWOMAN	1.16 0.00	X		X				0.	0.	0.
(15) MR. AARON MARZWELL CO-CHAIR	0.77 0.00	X		X				0.	0.	0.
(16) MR. RICK SCHWARTZ SECRETARY	0.58 0.00	X		X				0.	0.	0.
(17) MR. ALLEN R. ADLER BOARD OF TRUSTEES	0.10 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MRS. FRANCES BELZBERG BOARD OF TRUSTEES	0.02 0.00	X						0.	0.	0.
(19) MRS. LESLIE DIAMOND BOARD OF TRUSTEES	0.44 0.00	X						0.	0.	0.
(20) MR. BRIAN DROR BOARD OF TRUSTEES	0.12 0.00	X						0.	0.	0.
(21) MR. GEORGE FELDENKREIS BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(22) MR. HOWARD FRIEDMAN BOARD OF TRUSTEES	0.02 0.00	X						0.	0.	0.
(23) MR. BRIAN GREENSPUN BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(24) MR. ROBERT HARTMAN BOARD OF TRUSTEES	0.06 0.00	X						0.	0.	0.
(25) MR. EZRA KATZ BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(26) MR. JEFFREY KATZENBERG BOARD OF TRUSTEES	0.77 0.00	X						0.	0.	0.
1b Subtotal								5,719,797.	128,053.	269,207.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,719,797.	128,053.	269,207.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED UNIVERSAL SECURITY SERVICE P.O. BOX 31001-2374, PASADENA, CA 91110	SECURITY	1,106,340.
ROSS LLP, 1900 AVENUE OF THE STARS, SUITE 1870, LOS ANGELES, CA 90067	LEGAL	621,035.
WESTERN ALLIED CORPORATION, 12046 EAST FLORENCE AVENUE, SANTA FE SPRINGS, CA	HVAC SERVICE	327,750.
OTIS ELEVATOR COMPANY DEPT LLA 21684, PASADENA, CA 91185	ELEVATOR SERVICE	284,298.
KORN FERRY, 1900 AVENUE OF THE STARS, SUITE 1225, LOS ANGELES, CA 90035	TALENT RECRUITMENT	245,724.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 19

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. STEPHEN A. LEVIN BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(28) LARRY A. MIZEL BOARD OF TRUSTEES	0.06 0.00	X						0.	0.	0.
(29) MR. DAVID NAGEL BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(30) MR. RAPHY NISSEL BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(31) MR. BRIAN RINSKY BOARD OF TRUSTEES	0.46 0.00	X						0.	0.	0.
(32) MR. MARTIN ROSEN BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(33) MR. LEE C. SAMSON BOARD OF TRUSTEES	0.27 0.00	X						0.	0.	0.
(34) MR. JAY SCHOTTENSTEIN BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(35) MS. SHERI SCHLESINGER BOARD OF TRUSTEES	0.04 0.00	X						0.	0.	0.
(36) MRS. JEANIE SCHOTTENSTEIN BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(37) MR. GERALD W. SCHWARTZ BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(38) MR. TOM SECUNDA BOARD OF TRUSTEES	0.04 0.00	X						0.	0.	0.
(39) VICTORIA SIMMS BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(40) MR. DON SOFFER BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(41) MR. JAIME SOHACHESKI BOARD OF TRUSTEES	0.06 0.00	X						0.	0.	0.
(42) TODD STERN BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
(43) MR. PETER TAFFAE BOARD OF TRUSTEES	0.35 0.00	X						0.	0.	0.
(44) MR. DUBBY TEICHMAN BOARD OF TRUSTEES	0.25 0.00	X						0.	0.	0.
(45) MS. SANDY TEPLITZKY BOARD OF TRUSTEES	0.73 0.00	X						0.	0.	0.
(46) MR. GARY TORGOW BOARD OF TRUSTEES	0.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,720,962.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,930,647.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,277,297.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,154,489.				
	h Total. Add lines 1a-1f			33,928,906.			
Program Service Revenue	2 a MUSEUM PUBLIC SERVICES	Business Code					
		900099	959,141.	959,141.			
	b MUSEUM DIVERSITY TRAIN	611430	467,190.	467,190.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,426,331.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		500,121.			500,121.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		7,214.			7,214.	
	6 a Gross rents	(i) Real	587,308.				
		(ii) Personal					
		6a					
	b Less: rental expenses	6b	462,010.				
	c Rental income or (loss)	6c	125,298.				
	d Net rental income or (loss)			125,298.	-149.	125,447.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,085,698.				
		(ii) Other					
		7a					
	b Less: cost or other basis and sales expenses	7b	2,380,205.				
	c Gain or (loss)	7c	-1,294,507.				
d Net gain or (loss)			-1,294,507.		-1,294,507.		
8 a Gross income from fundraising events (not including \$ 6,720,962. of contributions reported on line 1c). See Part IV, line 18		8a	262,060.				
	b Less: direct expenses	8b	1,623,501.				
	c Net income or (loss) from fundraising events			-1,361,441.		-1,361,441.	
9 a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a PARKING	Business Code					
		900099	2,505.			2,505.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			2,505.				
12 Total revenue. See instructions			33,334,427.	1,426,331.	-149.	-2,020,661.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,406,095.	1,917,008.	1,174,379.	314,708.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,240,745.	6,074,666.	1,559,884.	606,195.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	271,077.	168,038.	89,323.	13,716.
9 Other employee benefits	279,479.	159,215.	114,835.	5,429.
10 Payroll taxes	622,996.	424,899.	150,083.	48,014.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,577,419.	734,250.	824,419.	18,750.
c Accounting	181,250.		181,250.	
d Lobbying	472,922.	346,922.		126,000.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,291,564.	2,033,308.	961,148.	297,108.
12 Advertising and promotion	203,340.	203,340.		
13 Office expenses	1,625,432.	1,059,405.	406,689.	159,338.
14 Information technology	127,744.	127,744.		
15 Royalties				
16 Occupancy	781,268.	750,056.		31,212.
17 Travel	1,091,966.	885,070.	14,571.	192,325.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	151,188.	138,123.	12,263.	802.
20 Interest	272,349.		272,349.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,827,140.	1,422,462.	334,920.	69,758.
23 Insurance	760,157.	639,735.	120,422.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SECURITY	1,241,687.	1,139,282.	102,405.	
b OUTREACH/PUBLIC INFORMA	998,989.	998,989.		
c RENEWALS AND SPECIAL AP	619,056.	209,940.		409,116.
d REPAIRS AND MAINTENANCE	523,172.	484,920.	38,252.	
e All other expenses	2,231,016.	873,502.	1,337,472.	20,042.
25 Total functional expenses. Add lines 1 through 24e	30,798,051.	20,790,874.	7,694,664.	2,312,513.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,006,736.	393,775.	0.	612,736.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	893,993.
	2 Savings and temporary cash investments	8,760,757.	2	8,405,873.
	3 Pledges and grants receivable, net	8,328,336.	3	10,156,844.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	31,785,622.	7	29,690,386.
	8 Inventories for sale or use	236,509.	8	133,496.
	9 Prepaid expenses and deferred charges	468,607.	9	597,010.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 143,953,372.		
	b Less: accumulated depreciation	10b 117,445,077.		
	11 Investments - publicly traded securities	11,191,528.	11	12,935,295.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,786,686.	15	2,784,337.
16 Total assets. Add lines 1 through 15 (must equal line 33)	88,057,570.	16	92,105,529.	
Liabilities	17 Accounts payable and accrued expenses	5,152,943.	17	7,078,963.
	18 Grants payable		18	
	19 Deferred revenue	1,263,956.	19	1,271,110.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	33,023,121.	23	32,695,563.
	24 Unsecured notes and loans payable to unrelated third parties	117,115.	24	53,503.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	190,492.	25	178,299.
	26 Total liabilities. Add lines 17 through 25	39,747,627.	26	41,277,438.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	46,884,661.	27	49,320,524.
	28 Net assets with donor restrictions	1,425,282.	28	1,507,567.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	48,309,943.	32	50,828,091.
33 Total liabilities and net assets/fund balances	88,057,570.	33	92,105,529.	

Form 990 (2023)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,334,427.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,798,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,536,376.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,309,943.
5	Net unrealized gains (losses) on investments	5	197,202.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-215,430.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,828,091.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,181,040.	27,276,390.	26,386,882.	27,516,858.	33,703,191.	132,064,361.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,181,040.	27,276,390.	26,386,882.	27,516,858.	33,703,191.	132,064,361.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						132,064,361.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	17,181,040.	27,276,390.	26,386,882.	27,516,858.	33,703,191.	132,064,361.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	427,537.	504,899.	532,964.	1,034,032.	1,094,643.	3,594,075.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,963.	34,348.	423,443.	1,906,613.	264,565.	2,656,932.
11 Total support. Add lines 7 through 10						138,315,368.
12 Gross receipts from related activities, etc. (see instructions)					12	4,991,769.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.48 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.95 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: \$ 27,963.

2020 AMOUNT: \$ 34,348.

2021 AMOUNT: \$ 337,378.

2022 AMOUNT: \$ 1,785,093.

2023 AMOUNT: \$ 2,505.

SPECIAL FUNDRAISING EVENTS

2021 AMOUNT: \$ 86,065.

2022 AMOUNT: \$ 121,520.

2023 AMOUNT: \$ 262,060.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

SIMON WIESENTHAL CENTER, INC.

Employer identification number

95-3964928

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 1,556,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 1,000,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 937,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 1,026,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ 1,993,544.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ 1,003,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 984,706.	12/05/23
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 955,923.	06/28/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (SIMON WIESENTHAL CENTER, INC.) and Employer identification number (95-3964928)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	472,922.													
c	Total lobbying expenditures (add lines 1a and 1b)	472,922.													
d	Other exempt purpose expenditures	30,099,413.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	30,572,335.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	142,050.	161,208.	388,600.	472,922.	1,164,780.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: SIMON WIESENTHAL CENTER, INC. Employer identification number: 95-3964928

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and revenue/asset amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE	178,299.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	178,299.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	33,993,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 197,202.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	197,202.
3	Subtract line 2e from line 1		3	33,796,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -462,010.		
c	Add lines 4a and 4b		4c	-462,010.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	33,334,427.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	31,260,061.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	31,260,061.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -462,010.		
c	Add lines 4a and 4b		4c	-462,010.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,798,051.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE RECLASS

SCHEDULE D PART III MAINTAINING COLLECTIONS OF ART:

THE SIMON WIESENTHAL CENTER'S ARCHIVES CONSISTS OF DONATIONS OF ARCHIVAL

MATERIAL WHICH AMONGST OTHERS, INCLUDES ORIGINAL ARTWORK, PHOTOGRAPHS AND

FILM FOOTAGE, ARTIFACTS AND MEMORABILIA, TESTIMONIES AND DOCUMENTS. THESE

HOLDINGS ARE USED FOR EXHIBITIONS, EDUCATION, DOCUMENTATION, GENEALOGICAL

Part XIII Supplemental Information (continued)

PROJECTS, ACADEMIC RESEARCH AND TO RECORD HISTORY FOR FUTURE GENERATIONS.

ALL OF THE ARCHIVAL HOLDINGS FOCUS ON SUBJECTS RELATED TO THE MISSION AND

MANDATE OF THE CENTER AND ITS MUSEUM OF TOLERANCE.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F PART I COLUMN E

DETAILED DESCRIPTION OF PROGRAM SERVICES CONDUCTED:

EUROPE (PARIS) PROGRAM SERVICE - ACTIVELY PROMOTES AND SUPPORTS THE CENTER'S MISSION IN EUROPE BY COMBATING ANTISEMITISM, HOLOCAUST DENIAL, EXTREMISM AND NEO-NAZI ACTIVITY. THE EUROPEAN OFFICE BRINGS THESE ISSUES TO THE ATTENTION OF GOVERNMENT LEADERS, MEMBERS OF THE MEDIA AND COMMUNITIES THROUGHOUT EUROPE.

MIDDLE EAST (ISRAEL) PROGRAM SERVICE - TO LOCATE AND HELP BRING TO JUSTICE NAZI WAR CRIMINALS AROUND THE WORLD, FIGHT FOR HISTORICAL TRUTH IN MANY OF THE COUNTRIES IN WHICH THE HOLOCAUST TOOK PLACE AND ONGOING EFFORTS TO COMBAT GROWING TIDE OF ANTISEMITISM.

SOUTH AMERICA PROGRAM SERVICE - ACTIVELY PROMOTES AND SUPPORTS THE CENTER'S MISSION IN LATIN AMERICA BY COMBATING ANTISEMITISM, HOLOCAUST DENIAL, EXTREMISM AND NEO-NAZI ACTIVITY. THE LATIN AMERICAN OFFICE BRINGS THESE ISSUES TO THE ATTENTION OF GOVERNMENT LEADERS, MEMBERS OF THE MEDIA AND COMMUNITIES THROUGHOUT SOUTH AMERICA.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BANQUET-LA (event type)	BANQUET-FL (event type)	1 (total number)		
Revenue	1	Gross receipts	4,791,485.	1,414,326.	777,211.	6,983,022.
	2	Less: Contributions	4,676,455.	1,373,766.	670,741.	6,720,962.
	3	Gross income (line 1 minus line 2)	115,030.	40,560.	106,470.	262,060.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	16,425.	139,340.	51,560.	207,325.
	7	Food and beverages	297,972.	97,600.	63,875.	459,447.
	8	Entertainment				
	9	Other direct expenses	547,303.	223,623.	185,803.	956,729.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,623,501.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,361,441.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SIMON WIESENTHAL CENTER, INC.

Employer identification number

95-3964928

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR. SHELDON RABINOWITZ INTERIM CFO	(i)	1,259,875.	0.	0.	0.	0.	1,259,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RABBI MARVIN HIER PRESIDENT/CEO/FOUNDER/DEAN	(i)	509,277.	0.	94,405.	23,925.	181.	627,788.	0.
	(ii)	108,028.	0.	20,025.	5,075.	38.	133,166.	0.
(3) MS. SUSAN BURDEN FORMER CFO/CAO	(i)	0.	0.	510,000.	0.	0.	510,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RABBI ABRAHAM COOPER ASSOCIATE DEAN	(i)	421,938.	0.	51,784.	29,000.	2,121.	504,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RABBI MEYER MAY EXECUTIVE DIRECTOR	(i)	357,061.	0.	113,023.	29,000.	3,671.	502,755.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. MARLENE HIER DIRECTOR, MEMBERSHIP DEVEL	(i)	363,323.	0.	15,403.	29,000.	3,219.	410,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. RICHARD TRANK DIR OF MEDIA/EXEC PRODUCER	(i)	351,013.	0.	0.	29,000.	3,269.	383,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. LIEBE GEFT DIRECTOR, MUSEUM OF TOLERA	(i)	349,833.	0.	0.	29,000.	3,143.	381,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. SHIMON SAMUELS DIRECTOR OF INT'L AFFAIRS	(i)	0.	0.	301,563.	14,500.	0.	316,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MS. MICHELE ALKIN DIRECTOR OF COMMUNICATIONS	(i)	269,829.	0.	0.	13,642.	3,019.	286,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MR. ABRAHAM FRIED DIRECTOR, SOUTHERN REGION	(i)	61,135.	0.	192,000.	0.	21,865.	275,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MS. ABIGAIL CANIZALES VP/CONTROLLER	(i)	260,353.	0.	0.	11,235.	2,585.	274,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MS. ALISON PURE-SLOVIN DIRECTOR, MIDWEST REGION	(i)	237,982.	0.	0.	11,500.	1,219.	250,701.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

CERTAIN STAFF RECEIVE PARSONAGE ALLOWANCE FOR PROVIDING MINISTERIAL SERVICES FOR PERFORMING SACRODOTAL FUNCTIONS. THE AMOUNT IS NOT INCLUDED IN TAXABLE INCOME.

IN VERY FEW CIRCUMSTANCES, KEY EMPLOYEES HAVE PURCHASED FIRST CLASS AIRFARE DUE TO MEDICAL NECESSITY AND SCHEDULING ISSUES. THE AMOUNTS ARE NOT INCLUDED IN TAXABLE INCOME.

PART I, LINE 4A:

THE ORGANIZATION ENTERED INTO A SEPARATION AGREEMENT WITH ITS FORMER CFO/CAO, WHICH INCLUDED A SEVERANCE PAYMENT OF \$510,000 IN ACCORDANCE WITH THE TERMS OF THE AGREEMENT.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARLENE HIER	OFFICER FAMILY MEMB	175,151.	EMPLOYEE		X
(2) ALAN HIER	OFFICER FAMILY MEMB	55,758.	EMPLOYEE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARLENE HIER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER FAMILY MEMBER

(A) NAME OF PERSON: ALAN HIER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER FAMILY MEMBER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

SIMON WIESENTHAL CENTER, INC.

Employer identification number

95-3964928

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	2,154,489.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 9B:

THE AMOUNT REPORTED REPRESENTS THE NUMBER OF ACTUAL CONTRIBUTIONS

RECEIVED AND NOT THE NUMBER OF ITEMS RECEIVED FOR EACH CONTRIBUTION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SIMON WIESENTHAL CENTER, INC.

Employer identification number

95-3964928

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ANTI-SEMITISM, HATE, STANDS WITH ISRAEL, THE CENTER CONFRONTS

ANTI-SEMITISM AND HATE, PROMOTES HUMAN DIGNITY, DEFENDS THE SAFETY OF

JEWS WORLDWIDE, AND TEACHES THE LESSONS OF THE HOLOCAUST FOR FUTURE

GENERATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOLOCAUST FOR FUTURE GENERATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FILM DIVISION OF THE SIMON WIESENTHAL CENTER, MORIAH FILMS, WAS

CREATED TO PRODUCE THEATRICAL DOCUMENTARIES TO EDUCATE BOTH NATIONAL

AND INTERNATIONAL AUDIENCES. IT FOCUSES ON THE 3,500 YEAR OLD JEWISH

EXPERIENCE AS WELL AS CONTEMPORARY HUMAN RIGHTS AND ETHICS ISSUES.

EXPENSES \$ 657,567. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

MARLENE HIER, FAMILY MEMBER OF RABBI MARVIN HIER

JEANIE SCHOTTENSTEIN, FAMILY MEMBER OF JAY SCHOTTENSTEIN

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED ON AUGUST 30, 2023 TO INCLUDE:

- TRUSTEE TERM LIMITS OF THREE CONSECUTIVE THREE-YEAR TERMS FOR ALL MEMBERS

OF THE BOARD OF TRUSTEES, SUBJECT TO OPTIONAL ONE-YEAR TERM EXTENSIONS FOR

TRUSTEES THEN EXCEEDING THE TERM LIMIT.

- THE MAXIMUM BOARD SIZE WILL BE LIMITED TO 25 TRUSTEES EFFECTIVE JANUARY

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

1, 2025.

- A TRUSTEE WILL BE INELIGIBLE FOR ELECTION OR RE-ELECTION IF ANOTHER

TRUSTEE RESIDES WITHIN THE SAME HOUSEHOLD WITH, AND/OR IS A FIRST DEGREE

RELATIVE OF, THAT PERSON.

- THE NOMINATIONS & GOVERNANCE AND THE EXECUTIVE COMMITTEES JOINTLY HAVE

AUTHORITY TO REMOVE A TRUSTEE THAT HAS BEEN CREDIBLY OCCUSED OF AN OFFENCE

OF MORAL TURPITUDE OR BREACH OF DUTY UNDER SPECIFIED SECTIONS OF CALIFORNIA

NONPROFIT PUBLIC BENEFIT CORPORATION LAW DEALING WITH SELF-DEALING

TRANSACTIONS.

- EMERITUS TRUSTEE DESIGNATION IS ESTABLISHED FOR ANY TRUSTEE WHOSE TERM

ENDED DUE TO EXPIRATION OF THEIR FINAL TERM. THIS TRUSTEE CLASSIFICATION

WILL HAVE NO FIDUCIARY DUTIES AND WILL NOT BE ELIGIBLE TO VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

BEFORE FILING THE FORM 990 AND SUPPLEMENTAL SCHEDULES, THE FORM 990 IS SENT

TO ALL MEMBERS OF THE AUDIT COMMITTEE, CHAIRWOMAN, CEO, AND SECRETARY FOR

THEIR REVIEW, QUESTIONS, AND COMMENTS. THE INTERIM CHIEF FINANCIAL OFFICER

IS AVAILABLE TO EITHER MEET IN PERSON OR DISCUSS VIA TELEPHONE OR ZOOM ANY

QUESTIONS OR COMMENTS BOARD MEMBERS MAY HAVE ON THE FORM 990

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY IN

THE FOLLOWING MANNER: IF THERE IS AN ACTUAL OR POSSIBLE CONFLICT OF

INTEREST, AN INTERESTED PERSON (ONE WITH A DIRECT OR INDIRECT FINANCIAL

INTEREST) MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND

ALL MATERIAL FACTS TO THE BOARD OR A COMMITTEE WITH BOARD DELEGATED POWERS

THAT IS CONSIDERING A PROPOSED TRANSACTION OR ARRANGEMENT. IF THE COMMITTEE

DETERMINES THAT THERE IS A CONFLICT, THAT INTERESTED PERSON WILL NOT BE

Name of the organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
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PART OF THE DECISION MAKING PROCESS EXCEPT TO PROVIDE INFORMATION THAT THE COMMITTEE DETERMINES IS NEEDED FOR THE DECISION. IF THE BOARD OR A COMMITTEE HAS REASON TO BELIEVE THAT A MEMBER FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THEY WILL INVESTIGATE THE MATTER AND TAKE DISCIPLINARY AND CORRECTIVE ACTION IF WARRANTED.

FORM 990, PART VI, SECTION B, LINE 15:

SWC PROVIDES A COMPENSATION PROGRAM TO ITS EXECUTIVE LEADERSHIP TEAM DESIGNED TO ATTRACT AND RETAIN KEY LEADERS WHO HELP THE CENTER DELIVER ON ITS MISSION AND ENSURE THAT WE OBTAIN AND EXPEND THE RESOURCES WE NEED TO SERVE OUR MISSION AND EXEMPT PURPOSE. TO ENSURE THAT WE ADHERE TO THE PRINCIPLES IN OUR MISSION, THE BOARD APPOINTED A COMPENSATION COMMITTEE TO PROVIDE GOVERNANCE AND OVERSIGHT OVER THE COMPENSATION OF OUR SENIOR EXECUTIVES, INCLUDING THE CEO. THE COMMITTEE MAINTAINS A PHILOSOPHY FOR GOVERNANCE PURPOSE OVER EXECUTIVE COMPENSATION. THE COMMITTEE'S PHILOSOPHY IS TO COMPENSATE THE EXECUTIVES FAIRLY AND COMPETITIVE WITH MARKET FOR COMPARABLE ROLES AMONG SIMILARLY SITUATED ORGANIZATIONS.

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE SALARIES AND BENEFITS OF ALL EMPLOYEES AND RECOMMENDS THE COMPENSATION AND BENEFIT LEVEL FOR ALL EMPLOYEES. THE COMPENSATION COMMITTEE REVIEWS FROM TIME TO TIME FORM 990 OF OTHER SIMILARLY SITUATED ORGANIZATIONS. TO ENSURE THAT THE COMMITTEE HAS ACCESS TO RELEVANT MARKET COMPARABILITY IN ORDER TO MAKE ITS DETERMINATION AS TO THE REASONABLENESS OF COMPENSATION, THE COMMITTEE MAY, FROM TIME TO TIME, RETAIN AN INDEPENDENT CONSULTANT TO EVALUATE THE COMPENSATION PROVIDED TO THE EXECUTIVES AND ADVISE THE COMMITTEE AS TO ITS REASONABLENESS. THE COMMITTEE DID RETAIN AN INDEPENDENT COMPENSATION CONSULTANT MOST RECENTLY IN JANUARY 2023. UPON COMPLETION OF

Name of the organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

ITS STUDY, THE CONSULTANT PROVIDED ITS OPINION TO THE COMMITTEE THAT THE COMPENSATION PROVIDED BY SWC TO THE EXECUTIVES WAS COMPETITIVE WITH RELEVANT MARKET COMPARABILITY DATA AND WAS REASONABLE.

THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE EACH YEAR ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND UPON THE RECOMMENDATIONS BEING ACCEPTABLE TO THE EXECUTIVE COMMITTEE, ARE SUBMITTED TO THE BOARD FOR ITS APPROVAL AND IMPLEMENTATION. IN ADDITION, THE CHAIRMAN OF THE BOARD OR A BOARD MEMBER DESIGNATED BY THE CHAIRMAN WILL DISCUSS INDIVIDUALLY WITH THE CHIEF EXECUTIVE OFFICER THE EMPLOYEE'S PERFORMANCE DURING THE PAST YEAR.

PURSUANT TO THE CONFLICT OF INTEREST POLICY, NO INDIVIDUAL WHOSE COMPENSATION IS BEING DETERMINED MAY BE PART OF THE COMPENSATION DETERMINATION PROCESS. THE DECISION-MAKING PROCESS OF THE COMPENSATION COMMITTEE IS DOCUMENTED CONTEMPORANEOUSLY IN ITS MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, AL, AR, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI, AK, CO, ME, NV, ND, OH, OK, WA

FORM 990, PART VI, SECTION C, LINE 19:
THE CENTER'S FINANCIAL STATEMENTS ARE POSTED ON THE CENTER'S WEBSITE AND ALSO AVAILABLE UPON REQUEST. THE CENTER'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:
FACILITATORS AND CURRICULUM DEVELOPMENT:

PROGRAM SERVICE EXPENSES 2,033,308.

Name of the organization SIMON WIESENTHAL CENTER, INC.	Employer identification number 95-3964928
---	--

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,033,308.

OUTSIDE PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 961,148.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 961,148.

DIRECT MAIL CAMPAIGNS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 297,108.

TOTAL EXPENSES 297,108.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,291,564.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AUDIT ADJUSTMENT TO GRANT INCOME -215,430.

FORM 990, PAGE 12, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHO IS RESPONSIBLE FOR THE OVERSIGHT OF THE FINANCIAL STATEMENTS AND THE 990 TAX RETURN.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">SIMON WIESENTHAL CENTER, INC.</p>	Employer identification number <p align="center">95-3964928</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SWC ROXBURY LLC - 27-2144635 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	TITLE HOLDING	CALIFORNIA	638,111.	8,416,320.	SWC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SWC MUSEUM CORPORATION - 95-4786388 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	MUSEUM	CALIFORNIA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. SIMON WIESENTHAL CENTER, INC.	Taxpayer identification number (TIN) 95-3964928
	Number, street, and room or suite no. If a P.O. box, see instructions. 1399 SOUTH ROXBURY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90035	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of SHELDON B. RABINOWITZ
1399 S. ROXBURY DRIVE - LOS ANGELES, CA 90035

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)