

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

2017**Open to Public
Inspection****For calendar year 2017, or tax year beginning 10-01-2017 , and ending 09-30-2018**

Name of foundation BRAM & ELAINE GOLDSMITH FAMILY CHARITABLE TRUST		A Employer identification number 47-4863975
Number and street (or P O box number if mail is not delivered to street address) 522 DOHENY ROAD		B Telephone number (see instructions) (818) 793-5700
City or town, state or province, country, and ZIP or foreign postal code BEVERLY HILLS, CA 90210		C If exemption application is pending, check here ► <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 17,305,097	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily</i>	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
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factors

Part II

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	3,781,392	3,875,197	3,875,197
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less allowance for doubtful accounts ►			
4	Pledges receivable ►			
	Less allowance for doubtful accounts ►			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ►			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

 Yes No

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	317,035	15,539,863	0 020401
2015	129,440	6,887,480	0 018794
2014	71,726	8,093,427	0 008862
2013	169,899	9,503,773	0 017877
2012	852,212	8,209,582	0 103807
2 Total of line 1, column (d)			2 0 169741
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 033948
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 16,746,829
5 Multiply line 4 by line 3			5 568,521
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 4,034
7 Add lines 5 and 6			7 572,555
8 Enter qualifying distributions from Part XIII, line 4			8 319,080

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part V - Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c), or 4948 - see instructions)

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(12)? If "Yes," attach schedule. (See instructions)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

Yes No

~~(4) Provide grant to an organization other than a charitable, etc. organization described~~

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).****(a) Name and address**Title, and average
hours per week**(b) devoted to position****(c) Compensation (If
not paid, enter
-0-)****(d)**
Contributions to employee
benefit plans and deferred
compensation**(e)** Expense account,
other allowances

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				829,273
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			719,060	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 319,080			319,080	
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income	Excluded by section 512, 513, or 514	(e) Related or exempt function income (See instructions)	
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount
1 Program service revenue				
a				
b				
c				
d				
e				
f				
g Fees and contracts from government agencies				
2 Membership dues and assessments.				
3 Interest on savings and temporary cash investments			14	241
4 Dividends and interest from securities.			14	497,015
5 Net rental income or (loss) from real estate				
a Debt-financed property.				
b Not debt-financed property.				
6 Net rental income or (loss) from personal property				

Name: BRAM & ELAINE GOLDSMITH FAMILY

CHARITABLE TRUST

EIN: 47-4863975

Name of Stock	End of Year Book Value	End of Year Fair Market Value
22,159 SHS RBC	514,808	1,776,930
145,317 SHS RBC	1,621,500	11,652,970

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

a Transfers from the reporting foundation to a noncharitable exempt organization of

b Other transactions

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

* * * * *

2018-12-13

* * * * :

May the IRS discuss this return with the preparer shown below
(see instr)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN	
	STEVE TWERSKY		2018-12-13		P00121053	
	Firm's name ► POWER TWERSKY DERPARSEGHIAN LLP				Firm's EIN ► 90-0531300	
	Firm's address ► 13801 VENTURA BOULEVARD SHERMAN OAKS, CA 91423				Phone no (818) 793-5700	

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BRENT SHAPIRO FOUNDATION 10250 CONSTELLATION BLVD LOS ANGELES, CA 90067	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	1,000
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD SUITE 2416 LOS ANGELES, CA 90048	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	1,500
CHILDREN'S ACTION NETWORK 10951 W PICO BLVD 330 LOS ANGELES, CA 90064	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	1,000
Total				314,245
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CITY YEAR LOS ANGELES 606 SOUTH OLIVE STREET 2ND FLOOR LOS ANGELES, CA 90014	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	1,000
GREATER FAITH MINISTRIES 6723 S WESTERN AVE LOS ANGELES, CA 90047	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	500
JEWISH FAMILY SERVICES 4311 WILSHIRE BLVD 211 LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	18,000
Total				314,245
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89106	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	10,000
KETCHUM AND SUN VALLEY VOLUNTEERS PO BOX 1262 KETCHUM, ID 83340	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	500
KUKI'O COMMUNITY FUND 827 FORT STREET MALL HONOLULU, HI 96813	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	5,000
Total				314,245
3a				

- 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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MELANOMA RESEARCH ALLIANCE FOUNDATION 1101 NEW YORK AVE NW SUITE 620 WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	25,000
NAVY SEAL FOUNDATION 162 WEST 56TH STREET SUITE 405 NEW YORK, NY 10019	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	100,000
NEIGHBORHOOD HOUSING SERVICES - LOS ANGELES 3926 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	130
Total				314,245
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
OTIS COLLEGE OF ART OF DESIGN 9045 LINCOLN BLVD LOS ANGELES, CA 90045	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	10,000
PARENTS FOR CARPENTERPO BOX 1365 STUDIO CITY, CA 91614	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	1,000
PEDAL THE CAUSE 2445 FIFTH AVENUE SUITE 402 SAN DIEGO, CA 92101	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	250
Total				314,245
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
PROJECT KESHER 600 MAMARONECK AVE 400 HARRISON, NY 10528	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	500
SUN VALLEY VOLUNTEER FIREFIGHTERS PO BOX 1262 KETCHUM, ID 83340	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	500
SUN VALLEY YOUTH HOCKEY PO BOX 1293 SUN VALLEY, ID 83353	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	95
Total				314,245
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient:

If recipient is an individual

Foundation

Purpose of grant or

Amount

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE RAPE FOUNDATION 1223 WILSHIRE BLVD 410 SANTA MONICA, CA 90403	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	2,500
UNITED WAY 1150 S OLIVE ST LOS ANGELES, CA 90015	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	21,000
VISTA DEL MAR 3200 MOTOR AVE LOS ANGELES, CA 90034	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	2,500
Total				314,245
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
WILSHIRE BOULEVARD TEMPLE 3663 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	7,770
Total				314,245 ►
3a				

TY 2017 Accounting Fees Schedule

Name: BRAM & ELAINE GOLDSMITH FAMILY
CHARITABLE TRUST
EIN: 47-4863975

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	9,500	4,750		4,750

TY 2017 Investments Corporate Stock Schedule

Name: BRAM & ELAINE GOLDSMITH FAMILY
CHARITABLE TRUST

EIN: 47-4863975

Name of Stock	End of Year Book Value	End of Year Fair Market Value
22,159 SHS RBC	514,808	1,776,930
145,317 SHS RBC	1,621,500	11,652,970

TY 2017 Taxes Schedule

Name: BRAM & ELAINE GOLDSMITH FAMILY
CHARITABLE TRUST

EIN: 47-4863975

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID ACCOUNT #8924	62,849	62,849		0
FOREIGN TAXES PAID ACCOUNT #8925	0.004	0.004		0

If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

2017**Name of the organization**BRAM & ELAINE GOLDSMITH FAMILY
CHARITABLE TRUST**Employer identification number**

47-4863975

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (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 other 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 33¹/₃ % support test of the regulations

Name of organization BRAM & ELAINE GOLDSMITH FAMILY CHARITABLE TRUST		Employer identification number 47-4863975	
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	ELAINE GOLDSMITH 522 DOHENY ROAD	\$ 9,500	Person <input checked="" type="checkbox"/>
	BEVERLY HILLS, CA 90210		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

Name of organizationBRAM & ELAINE GOLDSMITH FAMILY
CHARITABLE TRUST**Employer identification number**

47-4863975

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) <small>(See instructions)</small>	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
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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) <small>(See instructions)</small>	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
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Name of organization
BRAM & ELAINE GOLDSMITH FAMILY
CHARITABLE TRUST

Employer identification number

47-4863975

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 information once. See instructions.)* ► \$ _____
Use duplicate copies of Part III if additional space is needed

(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]