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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.

OMB No 1545-0052

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

Number and street (or P O box number if mail is not delivered to street address)
522 DOHENY ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BEVERLY HILLS, CA 90210

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16)\$ 17,305,097

J Accounting method

☒ Cash

☐ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number
47-4863975

B Telephone number (see instructions)
(818) 793-5700

C If exemption application is pending, check here

D 1. Foreign organizations, check here

D 2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily

(a) Revenue and expenses per

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes

factors

Form 990-PF (2017)

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

[illegible]

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

I, under examination of oath, declare that I have examined these returns including passenger names, schedules and destinations and to the best

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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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 XII, 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 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 513(b)(1)? If "Yes," attach schedule. (see instructions)	11	Yes
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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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part VIII 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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
Average monthly fair market value of securities	1a	13,165,160

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				
a Applied to 2016, but not more than line 2a			319,080	
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

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Aggregate included in year 2017				

Part XV **Supplementary Information** (continued)**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 <i>Paid during the year</i> See Additional Data Table				
Total			3a	314,245
b <i>Approved for future payment</i>				
Total			3b	0

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?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting 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.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	***** 2018-12-13 *****	May the IRS discuss this return with the preparer shown below? (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title

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

Form 990-BE Part VII Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment	
1	2
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87	88
89	90
91	92
93	94
95	96
97	98
99	100

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 <i>Paid during the year</i>				
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 ▶ 3a				314,245


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 <i>Paid during the year</i>				
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 ▶ 3a				314,245

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 <i>Paid during the year</i>				
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 ► 3a				314,245

- ☐ 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 <i>Paid during the year</i>				
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)				
a <i>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 ▶ 3a				314,245

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				
PROJECT KESHER 600 MAMARONECK AVE400 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 ▶ 3a				314,245

[illegible]

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 WAY1150 S OLIVE ST LOS ANGELES, CA 90015	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	21,000
VISTA DEL MAR3200 MOTOR AVE LOS ANGELES, CA 90034	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	2,500
Total ▶ 3a				314,245

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				
WILSHIRE BOULEVARD TEMPLE 3663 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	PUBLIC CHARITY	TO FURTHER CHARITY'S PURPOSE	7,770
Total ▶ 3a				314,245

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 #8924	0.00	0.00		0.00

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ 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	OMB No 1545-0047 2017
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Name of the organization BRAM & ELAINE GOLDSMITH FAMILY CHARITABLE TRUST	Employer identification number 47-4863975
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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
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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 BEVERLY HILLS, CA 90210	\$ 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
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-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization BRAM & ELAINE GOLDSMITH FAMILY CHARITABLE TRUST	Employer identification number 47-4863975
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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) (See instructions)	(d) Date received
		\$	

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
		\$	

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

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

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

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

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

Name of organizationBRAM & 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 aift	(c) Use of aift	(d) Description of how aift is held
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