

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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Dep	artment		ot enter social secu					
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		dar year 2018 or tax year beginning	<u> </u>	and ending				·· <u>-</u>
	me of fou			017		A Emp	loyer identification numb	er
		VEMUNAH SAM & SAM	IANTHA SASS	ON ,		4-	1010016	
		LY FOUNDATION					-1913346	
		d street (or P O box number if mail is not delivered EAST 8TH STREET	ed to street address)		Room/suite		phone number (see instruct	•
_		n, state or province, country, and ZIP or foreign po	notal coda				2-944-9494	<u> </u>
		KLYN	NY 11230			C If exe	mption application is pendi	ing, check here
		all that apply Initial return		rn of a former publ	a abantu			
	JIICUK	Final return	—	·	Conanty		oreign organizations, check	_
		<u> </u>	Amended			1	oreign organizations meetii	·
		Address char				°	5% test, check here and att	ach computation
$\overline{}$		type of organization $f X$ Section 50°			O	3 1	rate foundation status was	
		n 4947(a)(1) nonexempt charitable tru		le private foundatio		Section	on 507(b)(1)(A), check here	P [_
		l ,	Accounting method	X Cash	Accrual	F If the	foundation is in a 60-month	n termination
е	nd of ye	ear (from Part II, col (c),	Other (specify)			unde	r section 507(b)(1)(B), ched	ck here
li	ne 16)	▶ \$ 0 (Pa	art I, column (d) must	be on cash basis)	<u></u> .			
LP	art I_			(a) Revenue and	/b) N	let investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b) (c), and (d) may not rethe amounts in column (a) (see instructions))		expenses per books	`~,``	income	income	purposes
_	T 4			562,5	00		 	(cash basis only)
3	1 2	Contributions, gifts, grants, etc., received		362,3	-		 	
7	2	Check ► if the foundation is not re	•					
1	3	Interest on savings and temporary of			-		 	+
•	4	Dividends and interest from securiti	es				 	
	5a	Gross rents						
E S	b	Net rental income or (loss)					<u> </u>	
	6a	Net gain or (loss) from sale of assets not on line 10	0			-		
`Š.	b	Gross sales price for all assets on line 6a						
27 2020 Revenue	7	Capital gain net income (from Part I	IV, line 2)			0	•	
	8	Net short-term capital gain			_		·	0
JAN	9	Income modifications						
~	10a	Gross sales less returns and allowances	***************************************					
Ω	b	Less Cost of goods sold				·		,
岁	С	Gross profit or (loss) (attach schedu	ule)					
SCANNED	11	Other income (attach schedule)						
₹_	12	Total. Add lines 1 through 11		562,5	00	0		0
$\mathcal{C}_{\mathcal{S}}$	13	Compensation of officers, directors,	, trustees, etc		0			
S	14	Other employee salaries and wages	S			RECE	VED	
ē	15	Pension plans, employee benefits				١١٢٥		
, X	16a	Legal fees (attach schedule)			- +		2019	
Ш	b	Accounting fees (attach schedule)			88	NOV 1	V ZU19	
<u>×</u>	c	Other professional fees (attach schedule))				88	
Operating and Administrative Expen	17	Interest (p)				OGDE	NUT	
ist	18	Taxes (attach(schedule) (see instructions)				77.	<u> </u>
Ë	19	Depreciation (attach schedule) and deple						
ф	20	Occupancy						
4	21	Travel, conferences, and meetings						
n D	22	Printing and publications						
e G	23	Other expenses (att sch)						
ij	24	Total operating and administrativ	e expenses.					
ī	[.	Add lines 13 through 23			o	0		0
þe	25	Contributions, giffs, grants paid		578,4				578,418
0	26	Total expenses and disbursements.	Add lines 24 and 25	578,4		0		0 578,418
	27	Subtract life 26 from line 12	SU INIGO ET GITO EU		-			1
	a	Excess of revenue over expenses and	d dishursements	-15,9	18			
	b	Net investment income (if negative		25,5	-	0		
		Adjusted net income (if negative,						0 1
	C	Augusteu net moonne (ii negative, t	cintel -U-)				<u></u>	

$\overline{}$	David I	Ralance Sheets Attached schedules and amounts in the description colum	nn.	Beginning of year	End o	f year
L.	Part I	Balance Sheets Attached schedules and amounts in the description colum should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		12,824		
	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)				
ŀ	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
İ	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis		····	· · · · · · · · · · · · · · · · · · ·	
ļ		Less accumulated depreciation (attach sch) ▶				
	12	Investments – mortgage loans				
	13	Investments other (attach schedule)				
	14	Land, buildings, and equipment basis ▶				
- }		Less accumulated depreciation (attach sch) ▶				
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			1 1	1 .
4		instructions Also, see page 1, item I)		12,824	1 × ₀	; O
	17	Accounts payable and accrued expenses				
ß	18	Grants payable			▶ 3,094	
ţį	19	Deferred revenue				
園	20	Loans from officers, directors, trustees, and other disqualified persons				,
Liabilities	21	Mortgages and other notes payable (attach schedule)				7 a h
	22	Other liabilities (describe)		2 004	
4	23	Total liabilities (add lines 17 through 22)	<u> </u>	0	3,094	
,,		Foundations that follow SFAS 117, check here	► X			
ĕ		and complete lines 24 through 26, and lines 30 and 31.		12 024	3 004	•
Net Assets or Fund Balances	24	Unrestricted		12,824	-3,094	1
Ba	25 26	Temporarily restricted				
밀	26	Permanently restricted	~ m			
교		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
ö	27	Capital stock, trust principal, or current funds				
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			· ····	
SS	29	Retained earnings, accumulated income, endowment, or other funds				
7	30	Total net assets or fund balances (see instructions)		12,824	-3,094	
割	31	Total liabilities and net assets/fund balances (see				1
	•	instructions)		12,824	o	
Π	Part I		ces			
_		net assets or fund balances at beginning of year – Part II, column (a), lir		st agree with		
•		f-year figure reported on prior year's return)	,	•	1	12,824
2		amount from Part I, line 27a			2	-15,918
		increases not included in line 2 (itemize)			3	
		nes 1, 2, and 3		4	-3,094	
		eases not included in line 2 (itemize) ▶			5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (l	b), line 30	6	-3,094

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquire (mo , day, yr)	
1a N/A					
<u>b</u>			<u> </u>		
<u>c</u>					
<u>d</u> e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	or other basis	· · · · · · · · · · · · · · · · · · ·	i) Gain or (loss) plus (f) minus (g))
a					
b					
<u>c</u>					
d e		<u>.</u>			
	g gain in column (h) and owned by the fo	oundation on 12/3	1/69	(I) Count	c (Col. (h) gara musus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i)	col (k), b	s (Col. (h) gain minus out not less than -0-) or ses (from col. (h))
a					
b		-			
с ,					
d					
e 2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6				
. • ,	, column (c) See instructions If (loss), e	· —			
Part I, line 8	<u></u>			3	
	nder Section 4940(e) for Reduc			me	<u> </u>
	e foundations subject to the section 4940	(a) tax on net inve	estment income)		
If section 4940(d)(2) applies, leave the	ns part blank				
	tion 4942 tax on the distributable amoun fy under section 4940(e) Do not complet		e base period?		Yes X No
1 Enter the appropriate amount in	each column for each year, see the instr	uctions before ma	king any entries		
(a) Base period years Calendar year (or tax year beginning in			(c) lue of noncharitable-use asset	1 (00	(d) Distribution ratio of (b) divided by col (c))
2017	1,271		52,2		24.340000
2016	1,289		29,		43.408887
2015	466	,303	14,	175	31.560271
2014					
2013					
2 Total of line 1, column (d)				2	99.309158
3 Average distribution ratio for the	5-year base period – divide the total on I	•			
the number of years the foundati	on has been in existence if less than 5 years	ears		3	33.103053
4 Enter the net value of noncharita	ble-use assets for 2018 from Part X, line	5		4	49,732
5 Multiply line 4 by line 3				5	1,646,281
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	1,646,281
8 Enter qualifying distributions from	n Part XII. line 4			8	578,418
	n line 7, check the box in Part VI, line 1b	, and complete tha	at part using a 1% tax ra	<u> </u>	
. art vi manucitons					Form 990-PF (2018)

Form	990-PF (2018) EMET VEMUNAH SAM & SAMANTHA SASSON 47-1913346			Pa	age 4	
<u> Pa</u>	rt VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					ŀ
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ and enter 1% of Part I, line 27b		<u> </u>			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				1	l
	Part I, line 12, col (b)	,				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0	
3	Add lines 1 and 2		_			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0	
6	Credits/Payments					ı
а	2018 estimated tax payments and 2017 overpayment credited to 2018				ı	ı
b	Exempt foreign organizations – tax withheld at source 6b				- 1	ſ
С	Tax paid with application for extension of time to file (Form 8868) 6c			-	ŀ	
d	Backup withholding erroneously withheld 6d		• •		- 1	
7	Total credits and payments Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	1				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	1				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	 				
11	Enter the amount of line 10 to be Credited to 2019 estimated tax					
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		[Yes	No	
	participate or intervene in any political campaign?		1a	100	X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition		1 _b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities		<u> </u>			
С	Did the foundation file Form 1120-POL for this year?		1c		$\overline{\mathbf{x}}$	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				i	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ĺĺ	-	i	
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
	If "Yes," attach a detailed description of the activities				ł	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	4a		<u> </u>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	
	If "Yes," attach the statement required by General Instruction T]]	j	j	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				}	
	By language in the governing instrument, or				1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	_	6	77	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X\	,	7	X	;	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				l	
	NY			ł	J	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	 -(
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					7
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"				x	L
40	Complete Part XIV		9	\dashv		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10		x	
	names and addresses	F	orm 99	0-PF		

<u>l</u> Pa	art VII-A Statements Regarding Activities (continued)					
				L	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.	cation?		13	X	
	Website address ► N/A					
14	The books are in care of ▶ SAM N. SASSON Tele	ephone no 🕨	212-9	44-	949	4
	1036 EAST 8TH STREET					
	Located at ▶ BROOKLYN NY	ZIP+4 ▶	11230)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶ [15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	/			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	;				
	the foreign country ▶ .					
I Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require	d				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		_			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No] .]]
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_	_			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		_	١. ا		
	foundation agreed to make a grant to or to employ the official for a period after			'		
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regul	ations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b_		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ 🗍]
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that]
	were not corrected before the first day of the tax year beginning in 2018?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			1		
	6e, Part XIII) for tax year(s) beginning before 2018?	Yes Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			ļ.]
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	0				
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here]
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_				
	at any time during the year?	Yes	X No			1
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		•			لــــا
	foundation had excess business holdings in 2018)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize					لييا
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	2018?		4b		<u> </u>
			F	orm 99	0-PF	(2018)

D-	990-PF (2018) EMET VEMUN			913346			Pa	ge 6
_ ~ a	rt VII-B Statements Regard	rding Activities for Which Fo	<u>rm 4720 May Be R</u>	equired (cont	inued)			
 5а	During the year did the foundation pa	y or incur any amount to	· - · · · · · · · · · · · · · · · · · ·				Yes	No
	(1) Carry on propaganda, or otherwis	se attempt to influence legislation (sec	tion 4945(e))?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	′es 🛚 No			
		cific public election (see section 4955)		_			1	
	directly or indirectly, any voter reg		•		res 🗓 No			
	(3) Provide a grant to an individual fo		es?	Пν	res 🗵 No	.		
	• •	n other than a charitable, etc., organiza					ļ.	
	section 4945(d)(4)(A)? See instru				es X No			
		in religious, charitable, scientific, litera	ny or educational	. لــا				
	purposes, or for the prevention of		ry, or educational		res 🗓 No	٠. ا		
L	If any answer is "Yes" to 5a(1)–(5), di	•	runder the excentions d		110			
b		current notice regarding disaster assist		escribed iii	N/A	5b	-	
					" "	-55	\rightarrow	
_		tice regarding disaster assistance, che				ļ		•
С	If the answer is "Yes" to question 5a(on from the tax	N/A 🗌	(aa 🗀 Na		1	
	because it maintained expenditure re-			M/A []	′es ∐ No			- 1
	•	d by Regulations section 53 4945–5(d)					1	
6a	Did the foundation, during the year, re	eceive any funds, directly or indirectly,	to pay premiums	п.	. 🖘			
	on a personal benefit contract?				∕es 🏋 No			32
þ	Did the foundation, during the year, p	ay premiums, directly or indirectly, on	a personal benefit contr	act?	}	6b	-	X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was t				es X No			
þ		ny proceeds or have any net income at		tion?	N/A	7b		
8	Is the foundation subject to the section	on 4960 tax on payment(s) of more tha	ın \$1,000,000 ın	_ ,	, .			
	remuneration or excess parachute pa	iyment(s) during the year?			res X No			
_Pa	rt VIII Information About	Officers, Directors, Trustees	, Foundation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors							
1 L	ist all officers, directors, trustees, a	and foundation managers and their	compensation. See ins	tructions.		,		
					CO Contabulance to	1		
			(b) Title, and average	(c) Compensation	(d) Contributions to			
	(a) Name a	and address	hours per week	(If not paid,	employee benefit plans and deferred		ense aco	
	(a) Name a	and address			employee benefit			
SA	(a) Name a	BROOKLYN	hours per week	(If not paid,	employee benefit plans and deferred			
			hours per week devoted to position	(If not paid,	employee benefit plans and deferred			
10	M N. SASSON	BROOKLYN	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation			
10 SA	M N. SASSON 36 EAST 8TH STREET MANTHA SASSON	BROOKLYN NY 11230	hours per week devoted to position TRUSTEE 3.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		
10 SA 10	MM N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET	BROOKLYN NY 11230 BROOKLYN	hours per week devoted to position TRUSTEE 3.00 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		
10 SA 10	M N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		
10 SA 10	MM N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET	BROOKLYN NY 11230 BROOKLYN NY 11230	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		
10 SA 10	M N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		
10 SA 10	M N. SASSON 36 EAST 8TH STREET MANTHA SASSON 36 EAST 8TH STREET GAC N. SASSON 36 EAST 8TH STREET COmpensation of five highest-paid	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00	(If not paid, enter -0-) O	employee benefit plans and deferred compensation O	othe		
10 SA 10 IS 10	M N. SASSON 36 EAST 8TH STREET MANTHA SASSON 36 EAST 8TH STREET CAAC N. SASSON 36 EAST 8TH STREET	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 – see inst	(If not paid, enter -0-) O	employee benefit plans and deferred compensation O O e, enter	othe		
10 SA 10 IS 10	M. N. SASSON 36 EAST 8TH STREET MANTHA SASSON 36 EAST 8TH STREET BAC N. SASSON 36 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O e, enter	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O
10 SA 10 IS 10	M N. SASSON 36 EAST 8TH STREET MANTHA SASSON 36 EAST 8TH STREET GAC N. SASSON 36 EAST 8TH STREET COmpensation of five highest-paid	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 – see inst	(If not paid, enter -0-) O	employee benefit plans and deferred compensation O O o o d o o o o o o o o c, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	r allowand	O O O O O O O O O O O O O O O O O O O
100 SA 100 IS 100	M. N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON 136 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O e, enter	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O
100 SA 100 IS 100	M. N. SASSON 36 EAST 8TH STREET MANTHA SASSON 36 EAST 8TH STREET BAC N. SASSON 36 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O o o d o o o o o o o o c, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O
100 SA 100 IS 100	M. N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON 136 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O o o d o o o o o o o o c, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O
100 SA 100 IS 100	M. N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON 136 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O o o d o o o o o o o o o d o o	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O
100 SA 100 IS 100	M. N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON 136 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O o o d o o o o o o o o o d o o	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O
100 SA 100 IS 100	M. N. SASSON 136 EAST 8TH STREET MANTHA SASSON 136 EAST 8TH STREET SAAC N. SASSON 136 EAST 8TH STREET Compensation of five highest-paid "NONE."	BROOKLYN NY 11230 BROOKLYN NY 11230 BROOKLYN NY 11230 employees (other than those included)	hours per week devoted to position TRUSTEE 3.00 TRUSTEE 1.00 TRUSTEE 0.00 ded on line 1 — see inst	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation O O o o d o o o o o o o o o d o o	(e) Exp	pense acc	O O O O O O O O O O O O O O O O O O O

Form 990-PF (2018)

Total number of other employees paid over \$50,000

Form 990-PF (2018) EMET VEMUNAH SAM & SAMANTHA SASSON	47-1913346	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati	ion Managers, Highly Paid F	Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instruction	ons. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Total flumber of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such	as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	ac the hamber of	Expenses
1 EDUCATIONAL INSTITUTIONS		
2 RELIGIOUS ORGANAZATIONS		
3 CHARITABLE ORGANAZATIONS		
4 MEDICAL AND CULTURAL ACTIVITES		
		<u> </u>
Part IX-B Summary of Program-Related Investments (see instruction	ons)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
4		
All other program-related investments. See instructions	-	
All other program-related investments. See instructions		
•		
		1

Total. Add lines 1 through 3

R	Minimum Investment Return (All domestic foundations must complete this part. For	eign foundat	ions,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	50,489
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	50,489
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	50,489
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	757
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	49,732
6	Minimum investment return. Enter 5% of line 5	6	2,487
EP.	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	ng foundatio	ns
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	2,487
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,487
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,487
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,487
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	578,418
b	Program-related investments – total from Part IX-B	1b	0.0,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1.2	
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	578,418
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	 	
_	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	578,418

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2018)

Pa	art XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part >	(I,	Corpus	Years prior to 2017	2017	2018
	line 7	ļ			<u> </u>	2,487
2	Undistributed income, if any, as of the en	d of 2018				•
а	Enter amount for 2017 only				ļ	
þ	Total for prior years 20 , 20				<u> </u>	
3	Excess distributions carryover, if any, to 2	2018]			ı
а	From 2013					
þ	From 2014					
С	From 2015	465,564				
d	From 2016	1,287,976	}		}	
е	From 2017	1,269,080				
f	Total of lines 3a through e		3,022,620		ļ	
4	Qualifying distributions for 2018 from Part	t XII,				
	line 4 ▶ \$578,418					
	Applied to 2017, but not more than line 2a	ħ.			 	
b	Applied to undistributed income of prior y	ears				
	(Election required – see instructions)				 	
С	Treated as distributions out of corpus (Ele	ection				
	required – see instructions)	ļ			 	. <u></u>
d	Applied to 2018 distributable amount				 	2,487
	Remaining amount distributed out of corp	ř	575,931			
5	Excess distributions carryover applied to				 	
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
	Corpus Add lines 3f, 4c, and 4e Subtrac		3,598,551			
b	Prior years' undistributed income Subtrac	ct				
	line 4b from line 2b				 	
С	Enter the amount of prior years' undistribi	1				
	income for which a notice of deficiency ha					
	been issued, or on which the section 494	2(a)	:			
	tax has been previously assessed					
a	Subtract line 6c from line 6b Taxable					
_	amount – see instructions					
е	Undistributed income for 2017 Subtract I	ine				
	4a from line 2a Taxable amount – see					
	Instructions				 	
ī	Undistributed income for 2018 Subtract I 4d and 5 from line 1. This amount must b	l.				
	distributed in 2019					0
7	Amounts treated as distributions out of co	NED LIC			 	
′	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may I					
	required—see instructions)					
8	Excess distributions carryover from 2013	not				
9	applied on line 5 or line 7 (see instructions		•			1
9	Excess distributions carryover to 2019	·			 	
3	Subtract lines 7 and 8 from line 6a	'	3,598,551			
10		}	3,390,331		 	
10	Analysis of line 9 Excess from 2014		1			(
a h	Ţ.	465,564			1	İ
þ	Excess from 2015	1,287,976				ì
Q.	Excess from 2016	1,269,080]	
đ	Excess from 2017	575 931				

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	art XIV Private Operating Fou				9)	
1a	If the foundation has received a ruling or		, ,	iting		
	foundation, and the ruling is effective for		=			
b	Check box to indicate whether the found		iting foundation descr		1942(j)(3) or 4	1942(1)(5)
2a	Enter the lesser of the adjusted net	Tax year	(5) 0047	Prior 3 years	(4) 2045	(e) Total
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	4
	investment return from Part X for					
	each year listed	<u> </u>				
b	85% of line 2a				 / 	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				1	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				ļ	
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter			ļ		
	(1) Value of all assets		/			
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)		· · · · · · · · · · · · · · · · · · ·			
Ь	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in				1	
_	Part X, line 6 for each year listed	/				
C	"Support" alternative test – enter				1	
	(1) Total support other than gross investment income (interest.)					
	dividends, rents, payments on			1	1	
	securities loans (section			1		
	512(a)(5)), or royalhes)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from				-	
	an exempt organization					
	(4) Gross investment income		<u> </u>			
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or me	ore in assets at
	any time during the ye				•	
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed more	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000)	(See section 507(d)(2	2))	
	N/A	·				
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporat	ion (or an equally larg	e portion of the	
	ownership of a partnership or other entity) of which the foundati	on has a 10% or grea	ter interest		
	N/A				<u> </u>	
2	Information Regarding Contribution, G		• • • •			
	Check here ▶ ☐ If the foundation only		•	-		
	unsolicited requests for funds. If the found	dation makes gifts, gra	ants, etc , to individua	ls or organizations und	der other conditions,	
	complete items 2a, b, c, and d See instru				·	_ ,
а	The name, address, and telephone numb		the person to whom	applications should be	addressed	
	EMET V'EMUNAH 212-94					
	1036 EAST 8TH STREET	BROOKLYN N	NY 11230			
b	The form in which applications should be	submitted and informa	ation and materials th	ey should include		
	N/A	<u></u> .				
С	Any submission deadlines	-				
	N/A					
d	Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fi	elds, kinds of institution	ons, or other	
	factors					
	<u>N/A</u>					

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BET YAAKOV OF THE JERSEY SHORE 200 WALL ST NONE EXEMPT EDUCATIONAL 10,000 WEST LONG BRANCH NJ 07764 FRIENDS OF AHAVAT SHALOM NONE EXEMPT CHARITABLE 10,000 GEMAH BET YISROEL INC 901 QUENTIN ROAD NONE EXEMPT BROOKLYN NY 11223 CHARITABLE 10,000 KAMINETZ YESHIVA EXEMPT NONE EDUCATIONAL 20,000 **JERUSALEM** KEREN HAYESHIVIOT EXEMPT NONE EDUCATIONAL 2,400 KOL YAACOB EXEMPT NONE CHARITABLE 50,000 BROOKLYN NY 11223 KOLLEL OF THE JERSEY SHORE EXEMPT 244 HEARTH CT W NONE RELIGIOUS/ EDUCATIONAL LAKEWOOD NJ 08701 3,600 LEV L'ACHIM EXEMPT 1034 EAST 12TH STREET NONE 10,000 RELIGIOUS BROOKLYN NY 11230 OHEL SIMCHA NONE EXEMPT 295 PARK AVE RELIGIOUS 4,550 LONG BRANCH NJ 07740 PARK AVENUE SYNAGOGUE 50 EAST 87TH STREET NONE EXEMPT RELIGIOUS 5,000 NEW YORK NY 10128 578,418 ▶ 3a Total b Approved for future payment N/A ▶ 3b Total

47-1913346 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year OUENTIN ROAD SYNANGOGUE 50 EAST 87TH STREET NONE EXEMPT RELIGIOUS 9,000 BROOKLYN NY SEPHARDIC BIKUR HOLIM 425 KINGS HIGHWAY NONE EXEMPT MEDICAL BROOKLYN NY 11223 70,000 SEPHARDIC FOOD FUND 8 WEST 40TH STREET 4TH FL NONE EXEMPT CHARITABLE 10,000 NEW YORK NY 10018 SHORE AREA MIKVAH NONE EXEMPT 201 JEROME AVENUE RELIGIOUS 6,000 OAKHURST NJ 07755 SYNAGOUGE OF DEAL EXEMPT 128 NORWOOD AVE NONE RELIGIOUS 18,866 **DEAL NJ 07723** TIFERETH TORAH YESHIVA EXEMPT NONE EDUCATIONAL 19,530 YAD YOSEF 1032 OCEAN PARKWAY NONE EXEMPT EDUCATIONAL/ RELIGIOUS 143,471 BROOKLYN NY 11230 YDE 2533 CONEY ISLAND AVENUE NONE EXEMPT 50,000 EDUCATIONAL BROOKLYN NY 11223 YESHIVA SHAAREI TORAH EXEMPT 1680 CONEY ISLAND AVENUE NONE EDUCATIONAL 9,400 BROOKLYN NY 11230 YESHIVAT MEOR HATORAH NONE EXEMPT 1761 EAST 7TH STREET EDUCATIONAL 10,000 BROOKLYN NY 11223 ▶ 3a Total b Approved for future payment N/A

▶ 3b

Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year YESHIVAT OHR CHAIM NONE EXEMPT EDUCATIONAL 6,200 YESHIVAT PORAT YOSEPH NONE EXEMPT EDUCATIONAL 6,000 ZICHRON MOSHE YESHIVA NONE EXEMPT EDUCATIONAL 7,200 VARIOUS OTHER CHARITIES NONE EXEMPT CHARITIABLE/EDUCATIONAL/RELIGIOUS/ME 87,201 ▶ 3a **Total b** Approved for future payment N/A **▶** 3b Total

Enter gross an	nounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	ervice revenue	<u> </u>		┿-		(See instructions)
a		-	· · · · · · · · · · · · · · · · · · ·	┼──		
b ———		-		+		
ď ——		-		 		
u				+		
f		-		+		
· 	and contracts from government agencies	-		 		
	ip dues and assessments		· · ·			
	savings and temporary cash investments			· · · · -		
	and interest from securities					
	income or (loss) from real estate	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 		
	nanced property					-
	bt-financed property					
	income or (loss) from personal property					
	stment income					
8 Gain or (lo	ss) from sales of assets other than inventory					
	e or (loss) from special events					
IO Gross prof	it or (loss) from sales of inventory			I		
I1 Other reve	nue a					
b						
c						
d						<u></u>
e					ŀ	
						· · · · · · · · · · · · · · · · · · ·
12 Subtotal A	add columns (b), (d), and (e)			0	0	
13 Total. Add	line 12, columns (b), (d), and (e)			0	0 13 _	0
I3 Total. Add See workshee	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)				13	
I3 Total. Add See workshee Part XVI-E	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A		ent of Exempt F	urpose	13	0
I3 Total. Add See workshee Part XVI-E Line No.	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No.	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
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I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0
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I3 Total. Add See workshee Part XVI-E Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	e is reported in co	ent of Exempt F	Purpose	13	0

	C	Organizations .									
1	Did the organi	ization directly or ind	rectly engaç	ge in any of the f	ollowing with a	any other organization	described			Yes	No
	in section 501	(c) (other than section	on 501(c)(3)	organizations) o	or in section 5	27, relating to political					
	organizations	?]
а	Transfers from	n the reporting found	lation to a no	ncharitable exer	mpt organizati	on of					
	(1) Cash				, -				1a(1)		X
	(2) Other ass	ets							1a(2)		X
b	Other transac							,			1
	(1) Sales of a	ssets to a noncharit	able exempt	organization					1b(1)		X
		s of assets from a no			ation				1b(2)		X
		facilities, equipment		. •					1b(3)		X
		ement arrangements	=						1b(4)		X
		loan guarantees	•						1b(5)		X
		nce of services or mi	embership or	r fundraising soli	citations				1b(6)		Х
С		cilities, equipment, m	•	-		S			1c		X
			-	-	· ·	Column (b) should alwa	ays show the fa	ır market			
					=	n If the foundation rec					
			-	-	=	e of the goods, other a					
(-	a) Line no	(b) Amount involved	1	e of noncharitable exe				ansactions, and sharing arr	angeme	nts	
N/I	4		-								
								<u>.</u> .			
			<u></u>								
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			<u> </u>			L					
2a			-			e tax-exempt organizat	tions	Г	¬ .,	₹.	1
		ection 501(c) (other		501(c)(3)) or in	section 5277			L	Ye	s X	No
		olete the following sc	nedule	· · · · · · · · · · · · · · · · · · ·							
	1/A	Name of organization		(b) Type o	f organization		(c) Descrip	tion of relationship			
	1/ A				····						
											
											
	Under penalt	ties of perjury, I declare th	at I have examir	ned this return, includ	ling accompanying	schedules and statements,	and to the best of	my knowledge and belief,	it is true		
						on of which preparer has any		May the IRS discu			\neg
Sign	,							with the preparer s			_
Here	I							See instructions	<u> </u>	Yes	No
11010	´ 👠 🤇			W		· la-30-19'	TRUS	TEE			
	Signatu	re of officer or trustee				Date	Title				
		preparer's name			Preparer's sig	onature		Date	$\overline{}$	CV = :	<u> </u>
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										A DE	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

EMET VEMUNAH SAM & SAMANTHA SASSON

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

2018

47-1913346 FAMILY FOUNDATION 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 X 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 X 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF)

Name of organization

Employer identification number EMET VEMUNAH SAM & SAMANTHA SASSON 47-1913346

Part I	Contributors (see instructions) Use duplicate copies of I	Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ES SUTTON 15 KENNEDY DRIVE SAYERVILLE NJ 07723	\$ 112,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SASSON REALTY HOLDINGS LLC 1036 EAST 8TH STREET BROOKLYN NY 11230	\$ 450,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

47-1913	Federal Statements		
	Form 990-PF, Part XV, Line 2b - Application Format and Required Contents		
N/A	Description		
	Form 990 DE Part YV Line 2c - Submission Deadlines		
	Form 990-PF, Part XV, Line 2c - Submission Deadlines Description		
N/A	Description		
Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations			
	Description		
N/A			
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