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2020

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury

Internal Revenue Service

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year beginning 01-01-20)20 , aı	nd en	ding 12-31-	2020	
		ndation SIROT FOUNDATION			A Employer id	entification numbe	r
					06-1600346		
		l street (or P.O. box number if mail is not delivered to street address) TE ROAD	Room/suite		B Telephone nu	mber (see instruction	ns)
					(203) 453-5755	5	
		, state or province, country, and ZIP or foreign postal code CT 06437			C If exemption	application is pendin	g, check here
G Ch	eck al	I that apply:	former public charity		D 1. Foreign or	ganizations, check he	ere
	icek un	Final return Amended return	Torrier public charity			ganizations meeting	▶ ⊔
		Address change Name change			test, chec	k here and attach co	mputation 🕨 🔲
1 Ch	eck ty	pe of organization: \checkmark Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	ection	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation				
of y	/ear (f	tet value of all assets at end rom Part II, col. (c), ▶\$ 2,000,140 J Accounting method: □ Other (specify) _ (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	Ī '			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) N	let investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► ☑ if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments	157	1	157		
	4	Dividends and interest from securities	29,991		29,991		
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	3,093				
	ь -	Gross sales price for all assets on line 6a 163,129			2.002		
	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain			3,093		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)			22.244		
	12	Total. Add lines 1 through 11	33,241		33,241		
	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages					
ķ	15	Pension plans, employee benefits					
ทรе	16a	Legal fees (attach schedule)					
xbe	b	Accounting fees (attach schedule)	2,550		2,550		
e F	С	Other professional fees (attach schedule)	% 8,803		8,803		
ativ	17	Interest					
Str	18	Taxes (attach schedule) (see instructions)	317		317		
ווות	19	Depreciation (attach schedule) and depletion					
Adl	20 21	Occupancy					
nd	22	Printing and publications					
ıg a	23	Other expenses (attach schedule)	1,605				
Operating and Administrative Expenses	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	13,275		11,670		0
)	25	Contributions, gifts, grants paid	89,900				89,900
	26	Total expenses and disbursements. Add lines 24 and 25	103,175		11,670		89,900
	27	Subtract line 26 from line 12:	===,=		,		
	а	Excess of revenue over expenses and disbursements	-69,934				
	b	Net investment income (if negative, enter -0-)	23,331		21,571		
	U	Adjusted net income (if negative, enter -0-)					
or	Danor	work Reduction Act Notice, see instructions.			at No. 11280)	/	m 990-PE (2020)

Forn	n 990-F	PF (2020)				Page 2
Pai	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions	Beginning of year	(h	End o	(c) Fair Market Value
	1	Cash—non-interest-bearing			6,868	
	2	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·		273,213	
	3	Accounts receivable	333,137		2,3,213	2,0,210
	,	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
	4	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)				
		Less: allowance for doubtful accounts ▶				
કૂ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
۲	10a	Investments—U.S. and state government obligations (attach schedule	´			
	b	Investments—corporate stock (attach schedule)	. 665,396	*	717,725	1,720,056
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule)	_			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)	234	ار چ	3	3
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	1,071,994		997,809	2,000,140
	17	Accounts payable and accrued expenses				
	18	Grants payable				1
s l	19	Deferred revenue				
≡	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe)				
	23	Total liabilities(add lines 17 through 22)			0	-
\dashv						-
Fund Balances		Foundations that follow FASB ASC 958, check here				
흥		and complete lines 24, 25, 29 and 30.				
ᇛ	24	Net assets without donor restrictions	•			
필	25	Net assets with donor restrictions				
اج		Foundations that do not follow FASB ASC 958, check here	⊻			
		and complete lines 26 through 30.				
Assets or	26	Capital stock, trust principal, or current funds				
Set	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds	1,071,994		997,809	
Net	29	Total net assets or fund balances (see instructions)	1,071,994		997,809	
2	30	Total liabilities and net assets/fund balances (see instructions)	1,071,994		997,809	
Pai	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year—Part II, column (a),	line 29 (must agree with	end-	_	
	•	ear figure reported on prior year's return)		•	1	1,071,994
2		r amount from Part I, line 27a		·	2	-69,934
3		er increases not included in line 2 (itemize)		L	3	481
4		lines 1, 2, and 3		. -	5	1,002,541
5		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—Part		L	-	4,732
6	iotal	i nec assets or rund parances at end or year (line 4 minus line 5)—Part .	11, column (b), line 29	• [6	997,809 Form 990-PF (2020)

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	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Tab	le				
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additional Data Tab	le				
b					
c					
d					
е					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) . (j), if any	col. (k), but not	h) gain minus less than -0-) or om col.(h))
a See Additional Data Tab	le				
b					
c					
d					
e					
·	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi		Part I, line 7	3	3,093
0 1:6: .:					
	Under Section 4940(e) for Re			come	
<u> </u>	ALED ON DECEMBER 20, 2019	- DO NOT COMPLI	ETE		
1 Reserved				, D	
(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	
2 Reserved			2	<u> </u>	
3 Reserved			3		
4 Reserved			4		
5 Reserved			5		
6 Reserved			6		
7 Reserved			7		
			8	<u> </u>	
/			· · · · <u>· · · · · · · · · · · · · · · </u>		

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Pai	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (co	ontinue	ed)				<u> </u>
5a	During the	year did the foundation p	ay o	r incur any amount to:	·						Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes					
		nce the outcome of any sp		-		L	⊔ Yes	¥	No			
	on, dir	rectly or indirectly, any vo	ter re	gistration drive?		г	٦.,	✓				
	(3) Provide a grant to an individual for travel study, or other similar nurposes?						່ Yes		No			
	(4) Provid	le a grant to an organizati	on ot	her than a charitable, etc	, organization described	<u></u>	」Yes	•	No			
	in sect	tion 4945(d)(4)(A)? See ir	stru	ctions		г	Yes		N.			
	(5) Provid	le for any purpose other th	nan r	eligious, charitable, scien	tific, literary, or	L	_ Yes	•	NO			
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?	г	Yes		N			
b	If any ans	wer is "Yes" to 5a(1)-(5),	did a	ny of the transactions fa	il to qualify under the ex	ceptions describ		•	NO			
	Regulation	ns section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizati	ons relying on a current n	otice	regarding disaster assist	ance check here		. ▶					
С	If the ansv	wer is "Yes" to question 5a	(4),	does the foundation clain	n exemption from the							
	tax becaus	se it maintained expenditu	re re	sponsibility for the grant?	?		Yes	П	No			
	If "Yes," a	ttach the statement requi	ed b	y Regulations section 53.	4945-5(d).	_	_ 1es	Ш	NO			
6a	Did the fo	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on						
		benefit contract?		, , , , ,			٦ ٧	✓	N			
b	Did the fo	undation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract? .	」Yes		No	6b		No
	If "Yes" to	6b, file Form 8870.										
7a	At any tim	e during the tax year, was	s the	foundation a party to a p	orohibited tax shelter tra	nsaction?	Yes	7	No			
b	If "Yes", d	id the foundation receive a	any p	roceeds or have any net	income attributable to the	ne transaction?			110	7b		
8	Is the four	ndation subject to the sect	ion 4	.960 tax on payment(s) o	of more than \$1,000,000	in remuneration	or					
	excess par	rachute payment during th	ie ye	ar?		· • г	Yes	~	No			
		Information About C	ffic	ers, Directors, Trust	ees, Foundation Ma	anagers, Higl				vees,		
Pai	t VIII	and Contractors			•		-					
1	List all of	ficers, directors, trustee	es, fo	oundation managers ar	d their compensation	. See instruction	ns					
	() N	1 11	(b) Title, and average	(c) Compensation (If	(d) Contrib			(e)	Expen	se acc	ount,
	(a) Na	me and address		hours per week devoted to position	not paid, enter -0-)	employee bene deferred con					lowand	
See A	Additional D	ata Table			- ,							
2	Compens	ation of five highest-pai	d en	ployees (other than t	hose included on line	L—see instruct	ions). I	if no	ne, er	nter "l	NONE.	71
				(b) Title, and average		(d) Contrib	utions t	ю				
(a)		address of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee plans and					se acco	
	me	ore than \$50,000		devoted to position		compen		۱ ا	οι	ner an	owance	25
NON						· ·						
-												
Tota	I number of	other employees paid over	er \$5	0,000			•	\dashv				
		- , .							For	m 99 (D-PF (2020)

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Part VIII Information About Officers, Directors, Training and Contractors (continued)	ustees, Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for profession		IONE".
(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 service	ces	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. 1	Include relevant statistical information such as the number of	:
organizations and other beneficiaries served, conferences convened, research pa	apers produced, etc.	Expenses
1		
		4
2		
-		-
-		-
3		
4		_
		4
Part IX-B Summary of Program-Related Investmen	ite (egg instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1 N/A	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		P
		5 000 PF (3030)

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

1a

1b

2

За 3h

4

5

89,900

89,900

89.900

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Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

1

2

3

4

5

b

a From 2015. **b** From 2016. . . .

e From 2019.

c From 2017. . . d From 2018.

88,939

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(c)

2019

Page 9

•			_	•	<u>'</u>	٠,-	. • -
Ŀ) a	rt	Х	П	ī		

-PF (20	020)		
(111)	Undistributed Income (see instruc	ctions)	
			(a)

Undistributed Income (see instructions)	

10 478

2.666 2,308

10,478

2.666

2.308

961

ions)		
(a) Corpus	(b) Years prior to 2019	

15.452

961

16,413

16,413

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

Subtract lines 7 and 8 from line 6a . .

10 Analysis of line 9: a Excess from 2016.

b Excess from 2017. .

c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). Par

2a

2

NO SPECIFIED FORM

				Page 10
ations (see instr	uctions and Part \	/II-A, question 9)		
on is a private oper	ating foundation des	scribed in section \Box] 4942(j)(3) or [] 4942(j)(5)
Tax year		Prior 3 years		(e) Total
(a) 2020	(b) 2019	(c) 2018 (d) 2017		
	ermination letter th 20, enter the date o on is a private oper Tax year	ermination letter that it is a private ope 20, enter the date of the ruling on is a private operating foundation des Tax year	ermination letter that it is a private operating 20, enter the date of the ruling	20, enter the date of the ruling ▶ on is a private operating foundation described in section ☐ 4942(j)(3) or ☐ Tax year Prior 3 years

act Qι for Su

•	alternative test relied upon:				
а	"Assets" alternative test—enter:				
	(1) Value of all assets				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
C	"Support" alternative test—enter:				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
	(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				
Pa	rt XV Supplementary Information assets at any time during the		oundation had s	5,000 or more	in
1 a	Information Regarding Foundation Mana List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more			n

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept

unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

CAROL L SIROT 7 WINGATE ROAD GUILFORD, CT 06437 (203) 453-5755 **b** The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

EMPHASIS ON, BUT NOT RESTRICTED TO, ARTS & HEALTH RELATED ORGANIZATIONS

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Future	Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	89,900
b Approved for future payment				
		1		
		1		
	<u>l</u>			

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	-A Analysis of Income-Producing	Activities				rage L
	amounts unless otherwise indicated.		usiness income	Excluded by sectio	n 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
g Fees	and contracts from government agencies					
	rship dues and assessments					
3 Interes investn	t on savings and temporary cash nents					
	ds and interest from securities			14	157 29,991	
	tal income or (loss) from real estate:			17	25,551	
	financed property					
b Not d	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
invento						3,093
9 Net inc	ome or (loss) from special events:					5,055
10 Gross	profit or (loss) from sales of inventory					
	evenue: a					
	al. Add columns (b), (d), and (e).				30,148	3,093
	Add line 12, columns (b), (d), and (e)			1	.3	33,241
(See w	orksheet in line 13 instructions to verify calcu	lations.)				
Part XV.	-B Relationship of Activities to th	ie Accompiisi	iment of Exem	ipt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
Did the even	signation dispatity on indirectly opening in any of the following with any other proprietion described in castion E01		_

Fe	ITT XV.	11	Exempt Orga	anizations											
1 (Did the (c) (other	orga er th		r indirectly enga	age in ns) or i	any of the	following with 527, relating to	any poli	other org itical orga	anizatio nization	on described in sect s?	ion 501		Yes	No
а٦	ransfer	rs fro	om the reporting f	oundation to a r	noncha	ritable ex	empt organizat	ion c	of:						
(1) Cas	sh.										.	1a(1)		No
((2) Oth	her a	assets										1a(2)		No
	Other tr														
			f assets to a nonc	•	_							1	1b(1)		No
			ses of assets from			-						- 1	1b(2)		No
			of facilities, equip	•								1	1b(3)		No
			ırsement arranger									1	1b(4)		No No
			or loan guarantees ance of services o									1	1b(5) 1b(6)		No
			acilities, equipmer			_						.	1c		No
	-					-					ways show the fair	ı market v			
i		rans		arrangement, sh	nów in	column (c		the g	goods, oth	ner asse	ed less than fair ma ts, or services rece transfers, transactions	ived.		ngement	ts
								+							
								+							
								+							
								+							
								+							
								+							
								_							
								+							
2a I	s the fo	L ound	ation directly or ir	l directly affiliate	d with	. or relate	d to, one or me	ore ta	ax-exemp	t organ	 izations				
			section 501(c) (o	•		•	•			_		es 🔽	No		
			nplete the followin		`	. , , , ,									
	,		(a) Name of organi	zation		(1	b) Type of organi	zation	ı		(c) Description	n of relatio	nship		
c:~	of wh	my		lief, it is true, c							ng schedules and s than taxpayer) is b	ased on .	all infor	mation	of
Sig He		**	****				2021-08-17		**	****		May th return	e IRS dis	scuss th	is
		_							—) –			with th below	ie prepar	er show	/n
		Si	gnature of officer	or trustee			Date		7 Tit	tle			str.) 🗸	Yes □	No
Print/Type preparer's name Preparer's Signature Date Check if self-															
			JOSEPH A MIRA	MDA CDA					2021 2	00.34	employed ▶ 🗹		P00045	628	
Pai	id		JOSEPH A MIKA	NINDA CPA					2021-0	J&-24					
	epare e Onl		Firm's name ► J	OSEPH A MIRAN	IDA LL	.c					1	Firm's El	IN ▶82-	42689	59
- 50	C J III		Firm's address ▶	300 CHURCH S	STREET	T SUITE 30	03								
				YALESVILLE, C								Phone no	o. (203)	265-7	7851

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р 2020-04-15 2020-06-01 LIVE NATION ENTMNT CARRIER GLOBAL CORP Ρ 2008-12-03 2020-04-08 2020-04-15 LIVE NATION ENTMNT Р 2020-11-05 CARRIER GLOBAL CORP Ρ 2010-07-08 2020-04-08 LIVE NATION ENTMNT Ρ 2020-04-21 2020-11-05 Ρ CONOCOPHILLIPS 2008-01-30 2020-11-05 Ρ PIMCO STKPLS SHT 2019-09-24 2020-03-06 Р 2020-11-05 GENERAL MOTORS CO 2016-12-21 PIMCO STKPLS SHT Ρ 2019-12-30 2020-11-10 OTIS WORLDWIDE CORP Р 2008-01-30 2020-04-08 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 3,903 3.085 818 1,419 854 565 1,715 1,195 520 1,419 1.252 167 5,201 3,383 1,818 12,366 -6,346 6,020 2,716 2,720 -4 22,146 21,885 261 140 173 -33 2,168 1.940 228 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 818 565 520 167 1,818 -6,346 -4 261 -33 228

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation PIMCO STKPLS SHT Ρ 2019-12-30 2020-11-10 OTIS WORLDWIDE CORP Ρ 2008-02-26 2020-04-08 PIMCO STKPLS SHT Р 2020-05-08 2020-12-29 OTIS WORLDWIDE CORP Ρ 2008-12-03 2020-04-08 PIMCO STKPLS SHT Ρ 2020-05-27 2020-12-29 Ρ OTIS WORLDWIDE CORP 2010-07-08 2020-04-08 Ρ PIMCO STKPLS SHT 2020-06-05 2020-12-29 Р 2008-04-17 WELLS FARGO & CO 2020-05-11 PIMCO STKPLS SHT Ρ 2019-09-24 2020-11-10 WELLS FARGO & CO Ρ 2008-05-29 2020-05-11 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 5,128 6,737 -1,609 4,336 3,838 498 7,406 9,672 -2,2662,168 1,194 974 16,916 21,354 -4,438 1,751 417 2,168 10,000 12,034 -2,0344,966 5,936 -970 20,305 26,880 -6,575 9,932 11,227 -1,295Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -1,609 498 -2,266974 -4,438 417 -2,034-970 -6,575 -1,295

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) Date acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation AT&T INC 2013-01-28 2020-11-05 Ρ ALPHABET INC - C Ρ 2008-02-12 2020-11-05 ALPHABET INC - C Ρ 2008-05-29 2020-11-05 CARRIER GLOBAL CORP Р 2008-01-30 2020-04-08 CARRIER GLOBAL CORP Ρ 2008-02-26 2020-04-08 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 1,986 2,073 -87 219 32 187 26.495 4.324 22,171 1,419 1,387 32 2.838 2.744 94 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -87 187 22,171 32 94

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation CAROL L SIROT PRES/MGR 0 0 0 5.00 7 WINGATE ROAD GUILFORD, CT 06437 JOSEPH A MIRANDA TREASURER 0 0 0 0.50 300 CHURCH ST SUITE 303

YALESVILLE, CT 06492				
MICHAEL SEELEY	SECRETARY	0	0	0
3107 HUNTLEIGH WAY MELBOURNE, FL 32934	0.50			
GREG PEPE	DIRECTOR	0	0	0
195 CHURCH STREET 13TH FLOOR NEW HAVEN, CT 06510	0.25			
JOHN W O'BRIEN MD	DIRECTOR	0	0	0
180 THIMBLE ISLANDS ROAD	0.50			

GREG PEPE	DIRECTOR	"	U	1
195 CHURCH STREET 13TH FLOOR NEW HAVEN, CT 06510	0.25			
JOHN W O'BRIEN MD	DIRECTOR	0	0	0
180 THIMBLE ISLANDS ROAD BRANFORD, CT 06405	0.50			
MORRIS PAPERNIK MD	DIRECTOR 0.50	0	0	0
320 WESTERN BLVD 104 GLASTONBURY, CT 06033				
CHARLES NOBLE	DIRECTOR	0	0	0
321 WHITNEY AVENUE NEW HVEN, CT 06511	0.25			
MARY DIMMOCK	DIRECTOR	0	0	0

				_
320 WESTERN BLVD 104 GLASTONBURY, CT 06033	0.50			
CHARLES NOBLE	DIRECTOR	0	0	0
321 WHITNEY AVENUE NEW HVEN, CT 06511	0.25			
MARY DIMMOCK	DIRECTOR	0	0	0
34 DIMMOCK ROAD WATERFORD, CT 06385	0.25			

NEW HVEN, CT 06511				
MARY DIMMOCK	DIRECTOR	0	0	
34 DIMMOCK ROAD WATERFORD, CT 06385	0.25			
PAULA NEWTON	DIRECTOR	0	0	

0.50

11377 VINEYARD SPRING LAKE SANTA ROSA, CA 95404

0

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 show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid daring the year			
AME & CFS SOCIETYPO BOX 26 WHATELY, MA 01093	NONE	UNBRESTRICTED	500
ANTI DEFAMATION LEAGUE	NONE	NO PLACE FOR HATE PROGRAM	10,000

ANTI DEFAMATION LEAGUE 1952 WHITNEY AVENUE HAMDEN, CT 06517	NONE	NO PLACE FOR HATE PROGRAM
BATEMAN HORNE CENTER	NONE	MEDICALK EDUCATION

Total .

HAMDEN, CT 06517			
BATEMAN HORNE CENTER 24 S 110 E 205 SALT LAKE CITY LIT 84102	NONE	MEDICALK EDUCATION	18,00

HAMDEN,CT 06517			l
BATEMAN HORNE CENTER 24 S 110 E 205 SALT LAKE CITY UT 84102	NONE	MEDICALK EDUCATION	18,0

ATEMAN HORNE CENTER	NONE	MEDICALK EDUCATION	18,000
4 S 110 E 205			
ALT LAKE CITY, UT 84102			

89,900

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

GOODSPEED MUSICAL INCBOX A EAST HADDAM, CT 06423	NONE	ENDOWMENT DISABILITY SERVICES	5,000
GUILFORD PERFORMING ARTS FESTIVAL I 316 LITTLE MEADOW ROAD	NONE	SPONSOR ARTIST AWARD	2,500

GUILFORD PERFORMING ARTS FESTIVAL I 316 LITTLE MEADOW ROAD GUILFORD, CT 06437	NONE	SPONSOR ARTIST AWARD	2,500
HARTFORD STAGE50 CHURCH STREET	NONE	UNRESTRICTED	5.000

316 LITTLE MEADOW ROAD GUILFORD, CT 06437			
HARTFORD STAGE50 CHURCH STREET	NONE	UNRESTRICTED	5,000

HARTFORD STAGE50 CHURCH STREET HARTFORD, CT 06103	NONE	UNRESTRICTED	5,000
Total		 ▶ 3a	89,900

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JEWISH FEDERATION360 AMITY ROAD NON WOODBRIDGE, CT 06525	ONE	UNRESTRICTED	5,000

WOODBRIDGE, CT 06525			
LEAP31 JEFFERSON STREET NEW HAVEN, CT 06511	NONE	UNRESTRICTED	1,000
LIVE ARTS PERFORMING ARTS CENTER	NONE	UNRESTRICTED	100

NEW HAVEN, CT 06511	NONE	UNKESTRICTED	1,000
LIVE ARTS PERFORMING ARTS CENTER PO BOX 1231 CHARLOTTESVILLE, VA 22902	NONE	UNRESTRICTED	100

Total		 ▶ 3a	89,900
LIVE ARTS PERFORMING ARTS CENTER PO BOX 1231 CHARLOTTESVILLE, VA 22902	NONE	UNRESTRICTED	10
NEW HAVEN, CT 06511			

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 show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

LONG WHARF THEATRE 222 SARGEANT DRIVE NEW HAVEN, CT 06511	NONE	UNRESTRICTED	5,000
a raid daring the year			

NEW HAVEN, CT 00511			
LONG WHARF THEATRE 222 SARGEANT DRIVE NEW HVEN, CT 06511	NONE	COMPUTER/WEBSITE DEVELOPMENT	5,000
NEW CITY ART INNITATIVEDO POY 1303	NONE	LINDECTRICTED	100

NEW HVEN, CT 06511		DEVELOPMENT	
NEW CITY ART INNIIATIVEPO BOX 1293 CHARLOTTESVILLE, VA 22902	NONE	UNRESTRICTED	100

▶ 3a

89,900

NEW HVEN, CT 00511			
NEW CITY ART INNIIATIVEPO BOX 1293 CHARLOTTESVILLE, VA 22902	NONE	UNRESTRICTED	100

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

a Paid during the year			
OPEN MEDICINE FOUNDATION 29302 LARO DRIVE AGOLIBA HILLS CA 91301	NONE	MEDICAL EDUCATION	18,000

29302 LARO DRIVE AGOURA HILLS, CA 91301			
SHORELINE VILLAGE 1204 MAIN STREET 128	NONE	UNRESTRICTED	500

,		1		
SHORELINE VILLAGE 1204 MAIN STREET 128 BRANFORD, CT 06405	NONE		UNRESTRICTED	500
SITE PROJECTS NEW HAVEN	NONE		UNRESTRICTED	100

1204 MAIN STREET 128 BRANFORD, CT 06405			
SITE PROJECTS NEW HAVEN 33 WHITNEY AVENUE 3RD FL NEW HAVEN. CT 06510	NONE	UNRESTRICTED	100

BRAINI ORD, CT 00403			
SITE PROJECTS NEW HAVEN 33 WHITNEY AVENUE 3RD FL NEW HAVEN, CT 06510	NONE	UNRESTRICTED	10
Total		 ▶ 3a	89,900

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SMITH COLLEGE BOTANIC GARDEN 33 ELM STREET NORTH HAMPTON, MA 01063	NONE	UNRESTRICTED	100

NORTH HAMPTON, MA 01063			
SMITH COLLEGE MUSEUM OF ART 33 ELM STREET NORTH HAMPTON, MA 01063	NONE	CONTEMPORARY ASSOCIATES FUND	1,500

33 ELM STREET NORTH HAMPTON, MA 01063		FUND	
THEATRE WORKS233 PEARL STREET HARTFORD, CT 06103	NONE	UNRESTRICTED	1,000

Total .

89,900

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
UNITED WAY CHARLOTTESVILLE VA 806 E HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	UNRESTRICTED	200

VILE ARE CALLERY RO ROY 200071			
WOMEN & FAMILY LIFE CENTER 96 FAIR STREET GUILFORD, CT 06437	NONE	UNRESTRICTED	300
CHARLOTTESVILLE, VA 22302			

96 FAIR STREET GUILFORD, CT 06437			
YALE ART GALLERYPO BOX 208271	NONE	UNRESTRICTED	1,000

GUILFORD, CT 06437			
YALE ART GALLERYPO BOX 208271 NEW HAVEN, CT 06520	NONE	UNRESTRICTED	1,000

89,900

YALE ART GALLERYPO BOX 208271	NONE	UNRESTRICTED	1
NEW HAVEN, CT 06520			

Total .

Recipient If recipient is an individual, show any relationship to any foundation manager and address (home or business)

Recipient If recipient is an individual, show any relationship to any foundation manager recipient

Recipient If recipient is an individual, show any relationship to any foundation manager

,	or substantial contributor		
a Paid during the year			
YALE UNIVERSITYPO BOX 2038	NONE	YALE SCH OF DRAMA	10,000

YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521	NONE	YALE SCH OF DRAMA EMOTIONAL HEALTH	10,000
Total		▶ 3a	89,900

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -			D	LN: 9349123600227:
TY 2020 Accounting F	ees Sch	edule					
	Name:	CAROL L	SIROT	FOUNDATIO	N		
	EIN:	06-16003	346				
Category	Am	ount		Investment Income	Adjusted Incon		Disbursements for Charitable Purposes
ACCOUNTING & TAX PREP FEE		2,550		2,550			

TY 2020 Investments Corporate Stock Schedule

Name: CAROL L SIROT FOUNDATION

EIN: 06-1600346

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBOTT LABS	11,208	54,745
ABBVIE INC	10,934	48,217
ALABABA GROUP HOLDING	7,768	11,637
ALPHABET INC	23,754	157,703
AMAZON.COM	14,184	26,055
APPLE INC	23,897	265,380
AT&T INC	11,360	11,504
BERKSHIRE HATHAWAY INC	38,487	115,935
CELANESE CORP	13,672	64,970
COMCAST	36,008	47,160
CONOCOPHILLIPS	10,463	11,997
DBS GROUP HLDGS LT	23,869	30,420
EBAY INC	4,161	10,050
ELI LILLY & CO	15,567	67,536
EXXONMOBIL CORP	19,323	12,366
FACEBOOK	17,795	40,974
GENERAL MOTORS		
GILEAD SCIENCES INC	15,659	12,817
IBM	33,231	37,764
JOHNSON & JOHNSON	23,905	62,952
L-3 HARRIS TECHNOLOGIES INC	30,686	98,290
LINDE PLC	49,037	79,053
MARRIOTT VACATIONS WORLDWIDE	16,819	23,327
MASTER CARD INC	16,544	21,416
MEDTRONICS PLC	21,641	33,502
NESTLE SA	17,384	35,340
PAYPAL HOLDINGS INC	6,435	46,840
PHILLIPS 66	6,784	17,485
PIMCO STOCKPLUS SHORT		
POSTAL REALTY TRUST	23,103	25,320

Name of Stock

Investments Corporation Stock Schedule

RAYTHEON TECHNOLOGIES

ROCHE HOLDING LIMITED

TEVA PHARMACEUTICAL IND

UNITED TECHNOLOGIES CORP

UBER TECHNOLOGIES INC

UNITED PARCEL SVC INC

VANGUARD MID-CAP ETF
VERIZON COMMUNICATIONS

VIACOMCBS INC

WELLS FARGO & CO

SELECT SECTOR SPDR TR FINANCIAL

74.45	
18,410	

End of Year Book

Value

19,207

11,783

22,958

20,706

25,575

17,564

30,059

7,785

End of Year Fair

Market Value

35,755

21,920

14,740

6,292

33,150

50,520

41,354

17,625

27,945

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Description

Other Assets Schedule

DIVIDENDS IN TRANSIT

Beginning of Year -

Book Value

234

End of Year - Book

Value

DLN: 93491236002271

End of Year - Fair

Market Value

EIN: 06-1600346

As Filed Data -

Name: CAROL L SIROT FOUNDATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491236002271
TY 2020 Other Decreases Sch	edule		
Name:	CAROL L SIRC	T FOUNDATION	
EIN:	06-1600346		
De	escription		Amount
2019 FEDERAL TAX PAYMENTS			1,862
2020 ES TAX PAYMENT			2,870

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 934912360022 7 1
TY 2020 Other Expenses Sche	dule			
Name:	CAROL L SIROT	FOUNDATION		
EIN:	06-1600346			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BOOKKEEPING FEES	1,387			
OFFICE SUPPLIES	218			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491236002271
TY 2020 Other Increases Sche	dule	
Name:	CAROL L SIROT FOUNDAT	TON
EIN:	06-1600346	
Other Increases Schedule		
De	escription	Amount
NONDIVIDEND DISTRIBUTIONS		481

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	<u>-</u>	DLN	N: 93491236002271
TY 2020 Other Professional F	Fees Schedul	e		
	: CAROL L SIRO	OT FOUNDATION		
ETIA	: 06-1600340			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

8,803

8,803

INVESTMENT FEES

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DL	N: 93491236002271
TY 2020 Taxes Schedule				
N	lame: CAROLLSIF	ROT FOUNDATION		
	FTN: 06-1600346	• •		
Faves Schedule	EIN: 06-1600346	5		
Taxes Schedule	<u> </u>	· · · · · · · · · · · · · · · · · · ·	A disserted Not	T =: .h 1
Taxes Schedule Category	EIN: 06-1600346 Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes