

Return of Private Foundation

Form 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 www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation The Fritsch Foundation Inc dba ACIR		A Employer identification number 47-3974944
Number and street (or P.O. box number if mail is not delivered to street address) 37 School House Rd No 10	Room/suite	B Telephone number (see instructions) (781) 800-4024
City or town, state or province, country, and ZIP or foreign postal code Weymouth, MA 021884164		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 244,329	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	296,706			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	312	312		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	297,018	312	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	251,587	0	0	0
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	26,142	0	0	0
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	23,602	0	0	0
	21 Travel, conferences, and meetings	2,331	0	0	0
	22 Printing and publications				
	23 Other expenses (attach schedule)	100,299	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	403,961	0	0	0
25 Contributions, gifts, grants paid	0			0	
26 Total expenses and disbursements. Add lines 24 and 25	403,961	0	0	0	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-106,943				
b Net investment income (if negative, enter -0-)		312			
c Adjusted net income (if negative, enter -0-)			0		

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	261,283	229,652	229,652
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c 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 ▶ _____)	14,677	14,677	14,677	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	275,960	244,329	244,329	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue.			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	14,676	0	
	23 Total liabilities (add lines 17 through 22)	14,676	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	261,284	244,329	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
29 Total net assets or fund balances (see instructions)	261,284	244,329		
30 Total liabilities and net assets/fund balances (see instructions)	275,960	244,329		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	261,284
2 Enter amount from Part I, line 27a	2	-106,943
3 Other increases not included in line 2 (itemize) ▶ _____	3	89,988
4 Add lines 1, 2, and 3	4	244,329
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	244,329

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

Capital gain net income or (net capital loss)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8				3	

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved				2
3 Reserved.				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

Part VI 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. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)
b Reserved
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -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-)
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-
6 Credits/Payments:
a 2020 estimated tax payments and 2019 overpayment credited to 2020
b Exempt foreign organizations—tax withheld at source
c Tax paid with application for extension of time to file (Form 8868)
d Backup withholding erroneously withheld
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.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
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 2021 estimated tax Refunded

Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).
c Did the foundation file Form 1120-POL for this year?
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.
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
• By language in the governing instrument, or
• 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?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered (see instructions)
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?
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020?
10 Did any persons become substantial contributors during the tax year?

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.				No
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				No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>ACIR.org</u>	Yes			
14	The books are in care of ▶ <u>Steven A Branson Esq</u> Telephone no. ▶ <u>(781) 800-4024</u> Located at ▶ <u>37 School House Rd unit 10 Weymouth MA</u> ZIP+4 ▶ <u>021884164</u>				
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 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign		Yes	No	No

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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b				
c 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 2020?	1c				No
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)):					
a At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____					
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 all years listed, answer "No" and attach statement—see instructions.)	2b				
c 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b If "Yes," did it have excess business holdings in 2020 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 the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)	3b				
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a				No
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b				No

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

- 5a** During the year did the foundation pay or incur any amount to:
 - (1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
 - (2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
 - (3)** Provide a grant to an individual for travel, study, or other similar purposes? Yes No
 - (4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. Yes No
 - (5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance check here.
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No
- b** If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No
- 8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Yes No

	Yes	No
5b		
6b		No
7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Edward Fritsch 74 Minot Road Concord, MA 01742	President 0.00	0	0	0
Edward Fritsch 74 Minot Road Concord, MA 01742	Treasurer 0.00	0	0	0
Edward Fritsch 74 Minot Road Concord, MA 01742	Director 0.00	0	0	0
Steven A Branson 37 School House Rd unit 10 Weymouth, MA 02188	Clerk 0.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). 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. **0**

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.

	Expenses
1	
2	
3	
4	


Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	20,000
b	Average of monthly cash balances.	1b	200,000
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	220,000
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d.	3	220,000
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	3,300
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	216,700
6	Minimum investment return. Enter 5% of line 5.	6	10,835

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	10,835
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	4
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b.	2c	4
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	10,831
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	10,831
6	Deduction from distributable amount (see instructions).	6	11,000
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0

Part XII 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	0
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	0
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	0

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 0				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
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		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
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).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0			
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				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed
b 85% of line 2a
c Qualifying distributions from Part XII, line 4 for each year listed
d Amounts included in line 2c not used directly for active conduct of exempt activities
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

Table with 5 columns: Tax year (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows correspond to lines 2a-e and 3a-c.

3 Complete 3a, b, or c for the alternative test relied upon:
a "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
(2) Support from general public and 5 or more exempt organizations
(3) Largest amount of support from an exempt organization
(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

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.

2 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 email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total ▶ 3a				0
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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

Part XVII

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

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

- (1)** Cash.
- (2)** Other assets.

b Other transactions:

- (1)** Sales of assets to a noncharitable exempt organization.
- (2)** Purchases of assets from a noncharitable exempt organization
- (3)** Rental of facilities, equipment, or other assets.
- (4)** Reimbursement arrangements.
- (5)** Loans or loan guarantees.
- (6)** Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: _____ Date: 2021-11-15 Title: _____

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

Paid Preparer Use Only	Print/Type preparer's name Steven A Branson	Preparer's Signature _____	Date 2021-11-15	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00044165
	Firm's name ▶ Steven A Branson Esq				Firm's EIN ▶ 04-3115112
	Firm's address ▶ 37 School House Rd Unit 10 Weymouth, M A 021884164				Phone no. (781) 800-4024

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990PF - Special Condition Description:

Special Condition Description

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization The Fritsch Foundation Inc dba ACIR	Employer identification number 47-3974944
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						Page 2	
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Abbvie 1 North Waukegan Rd North Chicago, IL 60064	\$ 20,000	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
2	donations Anonymous not disclosed not disclosed, MA 02111	\$ 50,000	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
3	Hermine Artinian 194 Old Pickard Rd Concord, MA 01742	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
4	Dale Blank PO Box 381514 Cambridge, MA 02238	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
5	Erich Brandeau 2242 Bridgen Road Pasadena, CA 91104	\$ 300	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
6	Steven Branson 37 School House Rd Unit 10 Weymouth, MA 02188	\$ 975	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7	Charles Breitenotter 6457 Richardson Farm Lane Clarksville, MD 210291297	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
8	Ute Burkhardt 19 Baker st Belmont, MA 02478	\$ 2,080	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
9	Derek Carboni 133 Venetia Dr Long Beach, CA 90803	\$ 600	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
10	Rui Chen 4104 Liddington Dr Durham, NC 27705	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
11	Hsiyung Cheng 3345 Marisma St San Mateo, CA 94403	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
12	Toni Choueri 150 Porter Street Westwood, MA 02090	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13	Mary Collins 54 Rathbun Rd Natick, MA 01760	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
14	Jashodeep Datta 13101 SW 72nd Ave Miami, FL 33156	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
15	Anna Degen Jeruzalemstraat Utrecht, NL	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
16	Ed Fritsch PO Box 667 Concord, MA 01742	\$ 33,007	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
17	Katie Fritsch 4032 Park Blvd Palo Alto, CA 94306	\$ 180	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
18	Genentech 1 DNA Way MS 24 South San Francisco, CA 94080	\$ 74,000	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
19	Wayne Godfrey 4927 NE Tolo Rd Bainbridge Island, WA 98110	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
20	Asthika Goonewardene 15 Park Row New York, NY 10038	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
21	Melissa Gracias 8322 W Knollwood Dr Palos Park, IL 60464	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
22	Frances Grant 2541 Pebblebrook Dr SE Grand Rapids, MI 49546	\$ 120	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
23	Michael Green 24 Ridgeway Street Ann Arbor, MI 48104	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
24	Nir Hacohen 117 Mason Terrace Brookline, MA 02446	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
25	Eileen Hahn 1428 Keystone Ridge Circle Tarpon Springs, FL 34688	\$ 400	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
26	Judy Hiergeist 1319 Cherry Ln Morgantown, WV 26505	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
27	Zach Jauvits 122 Whiting St Apt 1 El Segundo, CA 90245	\$ 750	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
28	Chrysi Kanellopoulou 9913 Capitol View Ave Silver Spring, MD 20910	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
29	Yael Klionsky 2/2 berman st Rehovot, IS	\$ 23	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
30	Karen Kostarek PO Box 911 Billings, MT 59103	\$ 250	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
31	Christina Kuskis Manor Terrace Lexington, MA 02420	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
32	Gaëlle Lepinasse-Llambi 25 standish st apt 3 Cambridge, MA 02138	\$ 10	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
33	XQ Lin 1 Broadway Cambridge, MA 02142	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
34	Martin Linke 19/24 Boulevard Gustave Kleyer Liege, BE	\$ 80	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
35	Zhenghua Liu 942 Circle Dr Halethorpe, MD 21227	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
36	Akanksha Mahajan 3161 N Cambridge Ave Apt 415 Chicago, IL 60657	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
37	Lisa and Mike Maine 6520 Fisher Road Edmonds, WA 98026	\$ 1,480	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
38	Ian McCullough 5910 Firefly pl Los Angeles, CA 90094	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
39	David Messenheimer 3 Farview Rd Brookfield, CT 06804	\$ 40	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
40	John Mistler 15510 E Sunburst Dr Fountain Hills, AZ 85268	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
41	Babak Moghimi 5040 Topeka Drive Los Angeles, CA 91356	\$ 10	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
42	Kathryn Mokwa 8480 Ice Crystal Dr Laurel, MD 20723	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
43	Kathryn Mokwa 8480 Ice Crystal Dr Laurel, MD 20723	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
44	Musk Foundation PO BOX Menlo Park, CA 940262708	\$ 100,000	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
45	Catarina Nogueira 87 Prichard Ave apt 1 Somerville, MA 02144	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
46	Shannon Okada 454 N 34st Seattle, WA 98103	\$ 70	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
47	Mary Kaye Orniston 181 Burdick Road Gloversville, NY 12078	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
48	Mark Paris 24 Bosworth Field Mendon, NY 14506	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
49	Matt Petty 715 Loma Dr Hermosa Beach, CA 90254	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
50	Maria Pinzon-Ortiz 21 Grove St Upton, MA 01568	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
51	Sheila Rachlin 23 Roberts Rd Newton Square, PA 19073	\$ 72	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
52	Sam Reineman 1037 5th St Kirkland, WA 98033	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
53	Jamie Rice 26 pleasant st Medford, MA 02155	\$ 10	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
54	Alan Robidoux 16 Jamestown Rd Leominster, MA 01453	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
55	Jean-Loup Romet-Lemonne 708 Greenwich St New York, NY 10014	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
56	Debbie Schmitt 468 Parkridge Dr Bethel Park, PA 15102	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
57	Elizabeth Schmitt 229 Tyrol Drive Pittsburgh, PA 15227	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
58	John Schmitt 261 Hickory Heights Dr Bridgeville, PA 15017	\$ 240	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
59	Robert Schreiber 800 S Hanley Rd Unit 10 Clayton, MO 63105	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
60	Jasen Schulberg 30021 Pruitt Drive Torrance, CA 90503	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
61	Ton Schumacher 2333 ZA Leiden Leiden, NL	\$ 250	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
62	Sachet Shukla 17 Walden Drive apt 2 Natick, MA 01760	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
63	Lin Sun 36 Belle Ave West Roxbury, MA 02132	\$ 50	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
64	Pheebis Sun 1 DNA Way South San Francisco, CA 94080	\$ 10	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
65	Rhodes-Wittrup 165 Tremont street Boston, MA 02111	\$ 1,500	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
66	Janel Velez 15 Wilfred Cir Concord, MA 01742	\$ 200	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
67	Tal and Nora Viskin 40 Lowell Ave Watertown, MA 02472	\$ 250	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
68	Gordon Wong 134 Clinton Road Brookline, MA 02446	\$ 300	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
69	Renhuan Xu 14600 Pebble Hill Lane North Potomac, MD 20878	\$ 20	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
70	Jeff Zhang 11 Sutcliffe Park Newton, MA 02461	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
71	Shivon Zillis 2812 19th st San Francisco, CA 94110	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
72	Matt Zipfel 2127 Havemeyer Lane Redondo Beach, CA 90278	\$ 100	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization The Fritsch Foundation Inc dba ACIR					Employer identification number 47-3974944		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
73	Roche Grenzacherstrasse 124 Basel, SZ	\$ 10,000	<input checked="" type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
74		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
75		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
76		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
77		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
78		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
79		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
80		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
81		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
82		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
83		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
84		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
85		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
86		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
87		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
88		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
89		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
90		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
91		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
92		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
93		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
94		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
95		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
96		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
97		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
98		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
99		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>
100		\$	<input type="checkbox"/>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>

Name of organization
 The Fritsch Foundation Inc
 dba ACIR

Employer identification number
 47-3974944

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

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

Name of organization The Fritsch Foundation Inc dba ACIR	Employer identification number 47-3974944
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

Return to Form

Software ID:

Software Version:

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Professional	25,566	0	0	0
Hiring expense	576	0	0	0

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Furniture and Equipment	14,677	14,677	14,677

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advertising and promotion	1,290	0	0	0
Bank and filing fees	1,238	0	0	0
Insurance	612	0	0	0
Utilities	330	0	0	0
Office supplies, setup & cleaning	856	0	0	0
Website related	41,834	0	0	0
Subscriptions to journals	3,445	0	0	0
Dues and Subscriptions	439	0	0	0
Independent contractors	5,987	0	0	0
German office	44,268	0	0	0

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Description	Amount
unrealized gain	89,988

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Description	Beginning of Year - Book Value	End of Year - Book Value
Payroll	14,676	0

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Explanation: All assets used to support activities when revenue does not suffice

TY 2020 IRS 990 e-File Render

Name: The Fritsch Foundation Inc
dba ACIR

EIN: 47-3974944

Name	Address
Edward Frisch administrator Estate	74 Minot Road Concord, M A 01742