	~		Ex	empt Organiza	tion B	Buşiı	ness Incom	e Tax I	Return		OMB N	1545 0687	
	F			•	-		section 6033		20	2019	21	018	
				r 2018 or other tax year be						· 2019	2	010	
	Depar	tment of the Treasury		o to www.irs.gov/Forn						\(2)	Open to Pub	lic inspection for	
	A	nternal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501 (c)										ganizations Only Ification number	
				THE FRICK COL			one igue una see men	,			mployees' tru structions)	st, see	
		xempt under section	Print or	1 EAST 70TH ST	TREET)[N					13-1624	012	
	ŕ	501(C)(23) 408(e) 220(e	T	NEW YORK, NY						E U	nrelated busi	ness activity code	
	ļ	408A 530(a								,	See instruction	15)	
		529(a)								-			
	C Bo	ook value of all assets end of year	F Group	exemption number (See	e instruct	ions)	·						
	-	430,938,400	. G Check	corganization type	► X	501(c) corporation	501(c)	trust []401(a)	trust [Other trust	
	H	nter the number of th	ne organization	's unrelated trades or bu	ısınesses		<u>1</u>	Descr	ibe the only	y (or first)	unrelated	· •	
	t	rade or business he	re► <u>IRS_NO</u>	TICE 2018-100		- 6 11					only one, complete Parts I-V		
				in the blank space at ss, then complete Par		or the	e previous senter	ice, compi	ete Parts i	i and ii, c	complete a	Schedule M	
				ration a subsidiary in a		ted gr	oup or a parent-	subsidiary	controlled	group?	► TY	es X No	
	ľ	f 'Yes,' enter the na	me and identi	fying number of the pa	arent cor	poration	on ►	,		•			
	J	he books are in care	of MICH	AEL J. PACCION	E			Telep	hone num	ber► 21	per► 212-288-0700		
	Par	t I Unrelated	Trade or B	usiness Income			(A) Income	e	(B) Expe	nses	(0) Net	
	1 a	Gross receipts or s	ales						-	مجتم وهراء		1. 1. 1. 1. 1.	
		Less returns and allowa			lance >	1 c			* *	- 	74	***	
		Cost of goods sold				2			- •	•	. 4		
		Gross profit Subtra				3			, u	<u>. </u>	 	_ ·	
		i Capital gain net ind Net gain (loss) (Form 47	•	•		4a 4b			, h	<u> </u>	 -		
		Capital loss deduct		/) (attach roint 4/3/)		4c			. 1	• •			
		Income (loss) from a		an S corporation			·		8th on 3th 6	' 3	 		
20		(attach statement)				5			3 4			···	
1 2020		Rent income (Sche		(C-1-1-1-E)		6			 				
-		Unrelated debt-fina		(Schedule E) im a controlled organization (/C-b-d-l- 5	7 8					 		
0	8 9			(9), or (17) organization (Sci		9					 		
SEP	10	Exploited exempt a		• • • •	neuule u)	10				 	 		
	11	Advertising income	•	(Concount I)		11							
NNED		Other income (See	,	attach schedule)					A . Sec. 2	· ,			
岁		•		ŕ		12		'-	5 -7	£			
Z	13	Total. Combine line	es 3 through 1	2		13		0.		0.		0.	
WOS 35 Received In 35 Batching Ogden	Par			n Elsewhere (See									
Ŋ		contributio	ns, deducti	ons must be direc	tly con	necte	RECEIVE	related I	business	income 14	e.)		
င္သည	14	·		ors, and trustees (Sche	and trustees (Schedule K			RECEIVED					
Ø1	15 16	Salaries and wages Repairs and maintenance					4 0 00	(6)			 		
<u> </u>	17	Bad debts	Silarica			27 JUN 18	JUN 1820	8 2020 12		16 17			
jagiy	18	Interest (attach sch	nedule) (see ir	nstructions)	!	} }				18			
තිදී	19	Taxes and licenses	, ,	·•····································		OGDEN, UT				19			
35	20	Charitable contribu	tions (See ins	tructions for limitation	rules)	-				20		,,	
_	21	Depreciation (attac	h Form 4562)				21			, is 4			
8	22	Less depreciation of	claimed on Sc	hedule A and elsewhe	re on ret								
	23	Depletion								23			
AUG 1 2 2020	24	Contributions to de	•	nsation plans						24			
202	25	Employee benefit p	-							25			
õ	26	Excess exempt exp	-	·						26 27	-		
	27 28	Excess readership Other deductions (a		•						28	 -		
	29	Total deductions.		-						29	 		
	30			ne before net operatin	g loss de	eductio	on Subtract line	29 from lii	ne 13	30			
	31			tax years beginning on or a			8 (see instructions)			31			
				ne Subtract line 31 fro	_	30	TEE	011 1/21/16		32		0.	
	BAA	For Paperwork Rei	auction Act N	otice, see instructions	š.		IEEA020	D1L 1/31/19			rorm	990-T (2018)	



Form	n 990-T	(2018) THE FRICK COLLECTION 13	3-1624012	Page 2
Par	t III]	Total Unrelated Business Taxable Income		
33		of unrelated business taxable income computed from all unrelated trades or businesses (see ctions)	33	0.
34		nts paid for disallowed fringes	34	
		tion for net operating loss arising in tax years beginning before January 1, 2018 (see		
	ınstru	ctions)	35	
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	36	0
		ss 33 and 34		0.
		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions) ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	37	
30		the smaller of zero or line 36	38	0.
lPár		Tax Computation		
		nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	0.
		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on lin	e 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy	tax. See instructions	41	
42	Altern	ative minimum tax (trusts only)	42	
43	Tax o	n Noncompliant Facility Income. See instructions	43	
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies.	44	0.
Par	t _i V.	Tax and Payments		
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
		credits (see instructions) 45b]	
		ral business credit Attach Form 3800 (see instructions) 45c	J aco l	
		for prior year minimum tax (attach Form 8801 or 8827). 45d	45.	•
		credits. Add lines 45a through 45d act line 45e from line 44	45 e	0.
46	Other	taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866	46	<u> </u>
4/		ther (attach schedule)	47	
48		tax. Add lines 46 and 47 (see instructions)	48	0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a		ents A 2017 overpayment credited to 2018 50a 75,000.		
	-	estimated tax payments 50b	4 : 1	
		eposited with Form 8868	 	
		n organizations: Tax paid or withheld at source (see instructions) 50d	1 	
		ip withholding (see instructions) 50e		
f	Credi	for small employer health insurance premiums (attach Form 8941)		
g	' —	credits, adjustments, and payments Form 2439		
	∐ F	orm 4136 Other Total ► 50g		
		payments. Add lines 50a through 50g	51	<u>75,000.</u>
52		ated tax penalty (see instructions) Check if Form 2220 is attached	\$ 2	
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	•	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	75,000.
_55		, , , , , , , , , , , , , , , , , , , ,) 55	75,000.
Par	t <u>.</u> VI	Statements Regarding Certain Activities and Other Information (see instructions)		T., T.,
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other authority or		Yes No
		stal account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEI	V FOITH 114,	
		t of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		- X
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?	X
		,' see instructions for other forms the organization may have to file		
58	Enter	the amount of tax-exempt interest received or accrued during the tax year \$ 0.	of my knowledge and	
Sign	n	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best belief, it is due to based on all information of which preparer has an analysis of the best best of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of which preparer has an analysis of the based on all information of the based on all information of which preparer has an analysis of the based on all information of the based on the based of the based on the base	y knowledge	this return with
Her	e	► 6 16 2020 ► CFO & ASST TREASUR	May the IRS discuss the preparer shown	
		Signature of officer Date Title	instructions)?	Yes No
<u></u>		Printi/Type preparer's name Preparer's signature Date Check 1 if	PTIN	
Paid Pre-		SELF-PREPARED self-employed		
pare		Firm's name		
Use		Firm's address		
Onl		Phone no	الأن المراجع ا	
BAA		TEE A02021 01/24/19	Form	990-T (2018)

Form 990-1 (2018) THE FRIC	CK COLLECT	CION			13	-1624	012	raye 3	
Schedule A - Cost of Good	ds Sold. Ente	er method of inv	entory valuation >						
1 Inventory at beginning of ye	ar	1	6 Invento	ory at	end of year	6			
2 Purchases	ļ	2			ls sold. Subtract				
3 Cost of labor		3			ne 5 Enter here				
4 a Additional section 263A costs (attack	h schedule)		and in	ran i,	line Z	7		Yes No	
		4 a	0 D. H.		-fh 202A 6		<u> </u>	, gran Garin 81	
b Other costs (attach sch)	1	4 b	8 Do the	ruies Iv proc	of section 263A (wit luced or acquired fo	n respec r resale)	, , , ,		
5 Total. Add lines 1 through 4l	b i	5			zation?	,			
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	sed With Real P	roperty	(see ins	(ructions)	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receive	ed or accrued			3(a) Dadustion	المعادة م	, connecto	d wath	
(a) From personal prop	erty	(b) From r	eal and personal property	y	3(a) Deduction the income in	s airectiy i column	s 2(a) and	2(b)	
(if the percentage of rent for property is more than 10%	but not	oroperty ex	entage of rent for person sceeds 50% or if the rent	aı IS	(att	ach sche	edule)		
more than 50%)			d on profit or income)						
(1)									
(2)									
(3)									
(4)									
Total		Total			(b) Total deductions	Entor			
(c) Total income. Add totals of col		2(b) Enter			here and on page 1, Par	t			
here and on page 1, Part I, line 6,					I, line 6, column (B)				
Schedule E – Unrelated De	ebt-Finance	d Income (see	instructions)						
			2 Gross income from	3 Deductions directly connected with or allocab debt-financed property			ocable to		
1 Description of debt	-financed prop	erty	or allocable to debt-						
			financed property		(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)		
(1)		 	<u> </u>	ļ		<u> </u>			
(1)				-		-			
(3)						+			
(4)				 				**********	
4 Amount of average	5 Average ac	ljusted basis of	6 Column 4	 	7 Gross income	8 41	ocable ded	tuctions	
acquisition debt on or	or allocable to	o debt-financed	divided by	rep	ortable (column 2 x	(co	lumn 6 x t	otal of	
allocable to debt-financed property (attach schedule)	property (att	tach schedule)	column 5	•	column 6)	colur	nns 3(a) a	nd 3(b))	
(1)			%	 					
(2)			%						
(3)			%	 					
(4)			%	 		1			
	1			Enter	here and on page	1. Enter	here and c	n page 1.	
				Part	I, line 7, column (A) Part I	, line 7, co	lumn (B)	
Totals			•	.					
Total dividends-received deduction	ons included in	column 8				<u>-</u>			
BAA		TE	EEA0203L 01/30/19				Form 99	0-T (2018)	

Schedule F - Interest, A	nnuiti	es, Royaltic	es, a	nd Re	nts Fro	m	Controlled (Orgai	nizations (see in:	struction	s)	
			Exem	npt Con	trolled Or	gar	nizations						
organization idei		Employer ntification number	- 11	Net uni ncome ee instri			4 Total of specified payments made		5 Part of column that is included if the controlling organization's gross income		in in		
(1)												<u> </u>	
(2)						<u> </u>							
(3)						↓_				. <u>-</u>			
(4)												 ,	
Nonexempt Controlled Organiz						. 1			• • •				
7 Taxable Income	ind	let unrelated come (loss) instructions)			f specified nts made	d 10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10				
(1)		•											
(2)			1										
(3)													
(4)											_		
Tatala							Add columns here and on p 8, co		, Part I, line		e and on	s 6 and 11 Enter page 1, Part I, line plumn (B)	
Totals.	t Inco		otion	. F01/	a)/7) /9'		v (17) Organ	nizati	on /oos ins	1			
1 Description of income		2 Amount		-	3 direc	(9), or (17) Organization (see instr 3 Deductions irectly connected 4 Set-asides (attach schedule		5 Total le) set-as		al deductions and asides (column 3			
(1)					(aπa	acn	schedule)				P	lus column 4)	
(1)													
(2)													
(4)													
		Enter here an Part I, line 9,	and on page 1, 9, column (A)								Enter h Part I,	Enter here and on page 1, Part I, line 9, column (B)	
Totals					<u></u>	٧				•			
Schedule I – Exploited E	xemp			ie, Otl	her Thai	n A	Advertising	ncor	ne (see insti	ruction	s)	T	
1 Description of exploited activity		2 Gross unrelate busines income fro trade of busines	connected with production of unrelated business incom		ected with ' duction inrelated	from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)													
(2)													
(3)	•••												
(4)													
		Enter here on page Part I, line column (ge 1, on p ne 10, Part I		here and page 1, I, line 10, umn (B)							Enter here and on page 1, Part II, line 26	
Totals		1											
Schedule J - Advertising							 						
Part I Income From Pe	riodic					_						. ₁	
1 Name of periodical		2 Gross advertisir income		adve	Direct ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						-							
(2)		_		-		\cdot	• •					-	
(3) (4)						1		<u> </u>				- · ·	
_\		 				╁							
Totals (carry to Part II, line (5))) 1	-											
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)
(1) (2) (3) (4)							
Totals from Part I	•			_ ` `		رون : د	
Totals, Part II (lines 1– 5)		Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)		ئ ياس= م غراشه باي		Enter here and on page 1, Part II, line 27.
		Officers Diss	otovo ond Tu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1		
Schedule K - Compensatio	on or	Officers, Dire	ctors, and Tri	ustees (see instru	ictions)		
1 Name				2 Title	3 Percent of		ation attributable

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		>	

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