**THE NATIONAL MUSEUM OF TOYS/MINIATURES**

**Name and title of officer**

**PETRA KRALICKOVA**

**ASST SECRETARY**

**Part I: Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ........................................ 1b

2a Form 990-EZ check here □ b Total revenue, if any (Form 990-EZ, line 9) .................................................. 2b

3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) ............................................................. 3b

4a Form 990-PF check here □ X b Tax based on Investment Income (Form 990-PF, Part VI, line 5) ............... 4b

5a Form 8868 check here □ □ b Balance Due (Form 8868, line 3d) ................................................................. 5b

**Part II: Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-393-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

**Officer’s PIN: check one box only**

- [x] I authorize MARR AND COMPANY, P.C. to enter my PIN 64112 Enter five numbers, but do not enter all zeros as my signature, on the organization’s tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency/ies regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

- [ ] As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency/ies regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

**Part III: Certification and Authentication**

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

- [ ] RICHARD L. MARR, JR. Date 07/14/20

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.
Part III: Total Unrelated Business Taxable Income

32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 -28,964.
33 Amounts paid for disallowed fringes 33
34 Charitable contributions (see instructions for limitation rules) 34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction, Subtract line 34 from the sum of line 32 and 33 35 -28,964.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1.5
37 Total of unrelated business taxable income before specific deduction, Subtract line 36 from line 35 37 -28,964.
38 Specific deduction (Generally $1,000, but see line 38 instructions for exceptions) 38 1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 39 -28,964.

Part IV: Tax Computation

40 Organizations Taxable as Corporations, Multiply line 39 by 21% (0.21) 40 0.
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:
   □ Tax rate schedule or □ Schedule D (Form 1041) 41
42 Proxy tax. See instructions 42
43 Alternative minimum tax (trusts only) 43
44 Tax on noncompliant facility income. See instructions 44
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 0.

Part V: Tax and Payments

46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118) 46a
   b Other credits (see instructions) 46b
   c General business credit. Attach Form 3800 46c
   d Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
   e Total credits. Add lines 46a through 46d 46e
47 Subtract line 46e from line 45 47 0.
48 Other taxes. Check if from:
   □ Form 4255 □ Form 8651 □ Form 8679 □ Form 8856 □ Other (see instructions) 48
49 Total tax. Add lines 47 and 48 (see instructions) 49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (b), line 3 50 0.
51 a Payments: A 2019 overpayment credited to 2019 51a
   b 2019 estimated tax payments 51b
   c Tax deposited with Form 8861 51c
   d Foreign organizations; Tax paid or withheld at source (see instructions) 51d
   e Backup withholding (see instructions) 51e
   f Credit for small employer health insurance premiums (attach Form 8941) 51f
   g Other credits, adjustments, and payments: Form 2439 51g
      □ Form 4136 □ Other Total 51g
52 Total payments. Add lines 51a through 51g 52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55
56 Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded 56

Part VI: Statements Regarding Certain Activities and Other Information (see instructions)

57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 57
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 58
59 Enter the amount of tax-exempt interest received or accrued during the tax year $ 59

Sign Here

Signature of preparer

ASST SECRETARY

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes No

Paid Preparer Use Only

Preparer's name: THOMAS J. MULLANE
Preparer's address: 1401 EAST 104TH STREET, SUITE 100
Preparer's phone number: (816) 363-8700
Preparer's PTIN: 00028303
Preparer's EIN: 43-1490039