

Form **8879-TE**

IRS E-file Signature Authorization for a Tax-Exempt Entity

OMB No. 1545-0047

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2025

Name of filer NORWALK ARTS CENTER LLC	EIN or SSN 83-0867082
Name and title of officer or person subject to tax DINA LUKASKO PRESIDENT	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,053,753
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 1-888-353-4537 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PAYNE NICKLES & COMPANY to enter my PIN 44857 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 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.

Signature of officer or person subject to tax _____ Date 05/11/26

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.

34536944857

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return 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.

ERO's signature JUDY L. MOSHER, CPA Date 05/11/26

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2025
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2025 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORWALK ARTS CENTER LLC		D Employer identification number 83-0867082
	Doing business as		E Telephone number 567-743-9343
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 656		
City or town, state or province, country, and ZIP or foreign postal code NORWALK OH 44857		G Gross receipts \$ 1,070,860	

F Name and address of principal officer:
DINA LUKASKO
PO BOX 656
NORWALK OH 44857

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NORWALKARTSCENTER.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2018** **M** State of legal domicile: **OH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IT IS THE MISSION OF NORWALK ARTS CENTER TO CELEBRATE AND INCREASE ADVOCACY FOR THE ARTS IN NORTH CENTRAL OHIO BY PROVIDING EDUCATION, EXPERIENCES AND ENVIRONMENTS FOR ARTISTIC GROWTH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	64
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,218,625	909,030
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,133	48,140
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,607	70,978
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,648	25,605
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,303,013	1,053,753
	14 Benefits paid to or for members (Part IX, column (A), line 4)	512	416
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,971	58,310
	b Total fundraising expenses (Part IX, column (D), line 25)	86,655	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	91,161	97,193
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	100,644	155,919
19 Revenue less expenses. Subtract line 18 from line 12	2,202,369	897,834	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,093,398	3,991,546
	22 Net assets or fund balances. Subtract line 21 from line 20	1,811	558
		3,091,587	3,990,988

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: DINA LUKASKO Date: _____
Type or print name and title: PRESIDENT

Paid Preparer Use Only

Preparer's name: JUDY L. MOSHER, CPA Preparer's signature: JUDY L. MOSHER, CPA Date: 05/12/26 Check if self-employed PTIN: P00313474

Firm's name: PAYNE NICKLES & COMPANY Firm's EIN: 34-1664586

Firm's address: 257 BENEDICT AVENUE, BLDG D
NORWALK, OH 44857 Phone no.: 419-668-2552

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: IT IS THE MISSION OF NORWALK ARTS CENTER TO CELEBRATE AND INCREASE ADVOCACY FOR THE ARTS IN NORTH CENTRAL OHIO BY PROVIDING EDUCATION, EXPERIENCES AND ENVIRONMENTS FOR ARTISTIC GROWTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 42,852 including grants of \$ 286) (Revenue \$ 40,038) RESTORING THE HISTORIC NORWALK THEATRE TO HELP REVITALIZE THE DOWNTOWN AREA WITH ECONOMIC GROWTH, CULTURAL DIVERSITY, IMPROVEMENT OF QUALITY OF LIFE AND ENTERTAINMENT FOR THE COMMUNITY WHILE PRESERVING THE INTEGRITY OF THE NORWALK THEATRE RECENTLY PLACED ON THE NATIONAL REGISTER OF HISTORIC PLACES. THE THEATRE WAS ALSO AWARDED \$2 MILLION IN FEDERAL HISTORIC TAX CREDITS AND \$2 MILLION IN STATE HISTORIC TAX CREDITS IN 2025.

4b (Code:) (Expenses \$ 15,775 including grants of \$ 130) (Revenue \$ 8,102) PROVIDE VARIOUS FACETS OF ART EDUCATION TO YOUTH AND ADULTS THROUGHOUT NORTH CENTRAL OHIO INCLUDING THEATRE CAMP, WORKSHOPS AND SEMINARS AS WELL AS PRESENT LIVE STAGE PRODUCTIONS WITH ADULT, TEEN AND CHILD CAST MEMBERS, CREW, STAFF AND MUSICIANS.

4c (Code:) (Expenses \$ N/A including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 58,627

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KATHLEEN SIGSWORTH
NORWALK

PO BOX 656

OH 44857

567-743-9343

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DINA LUKASKO PRESIDENT	40.00 0.00	X		X				58,310	0	0
(2) JEFF COOK VICE PRESIDENT	5.00 0.00	X		X				0	0	0
(3) KATHLEEN SIGSWORTH TREASURER	35.00 0.00	X		X				0	0	0
(4) VANESSA COOK SECRETARY	25.00 0.00	X		X				0	0	0
(5) TINA RUFFING CHAIRPERSON	20.00 0.00	X						0	0	0
(6) LISA BLEILE CHAIRPERSON	15.00 0.00	X						0	0	0
(7) THERESA BARCUS EX OFFICIO MEMBER	0.00 0.00	X						0	0	0
(8) RYLIE MULLEN CHAIRPERSON	30.00 0.00	X						0	0	0
(9) MARY LISA BOOSE CHAIRPERSON	15.00 0.00	X						0	0	0
(10) BRIAN LODERMEIER BOARD MEMBER	2.00 0.00	X						0	0	0
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							58,310			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							58,310			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	889,406			
	d Related organizations	1d				
	e Government grants (contributions)	1e	14,300			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,324			
	g Noncash contributions included in lines 1a-1f	1g	\$ 598			
	h Total. Add lines 1a-1f		909,030			
Program Service Revenue			Business Code			
	2a THEATER PROGRAM		711110	40,038	40,038	
	b ART EDUCATION		711110	8,102	8,102	
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			48,140			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			70,978		70,978
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a	4,750			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	4,750			
	d Net rental income or (loss)			4,750		4,750
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 889,406 of contributions reported on line 1c). See Part IV, line 18						
	8a	31,358				
	b Less: direct expenses	8b	16,146			
c Net income or (loss) from fundraising events			15,212		15,212	
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a	6,576				
	b Less: cost of goods sold	10b	961			
c Net income or (loss) from sales of inventory			5,615		5,615	
Miscellaneous Revenue	11a MISCELLANEOUS INCOME		Business Code			
	b			28	28	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			28		
12 Total revenue. See instructions			1,053,753	48,168	0	96,555

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	416	416		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	58,310			58,310
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,450		4,450	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	25			25
12 Advertising and promotion	572	77		495
13 Office expenses	5,529	4,766	320	443
14 Information technology	3,265	2,151	202	912
15 Royalties				
16 Occupancy	6,000	5,100	480	420
17 Travel	612		612	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,467		1,467	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,092	2,092		
23 Insurance	8,320	1,485	140	6,695
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUB-CONTRACT LABOR	13,210	13,210		
b PERMITS/LICENSE FEES	11,863			11,863
c SUPPLIES	6,777	6,777		
d PERMITS & LICENSE FEES	6,428	6,223	205	
e All other expenses	26,583	16,330	2,761	7,492
25 Total functional expenses. Add lines 1 through 24e	155,919	58,627	10,637	86,655
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	202,379	1	169,320
	2	Savings and temporary cash investments	2,155,968	2	2,249,061
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,332	8	1,371
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,274,196		
	10b	Less: accumulated depreciation	15,808	10c	1,258,388
	11	Investments—publicly traded securities	24,680	11	136,803
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	303	15	176,603
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,093,398	16	3,991,546	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,811	25	558
	26	Total liabilities. Add lines 17 through 25	1,811	26	558
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds	3,091,587	31	3,990,988	
32	Total net assets or fund balances	3,091,587	32	3,990,988	
33	Total liabilities and net assets/fund balances	3,093,398	33	3,991,546	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,053,753
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,919
3	Revenue less expenses. Subtract line 2 from line 1	3	897,834
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,091,587
5	Net unrealized gains (losses) on investments	5	1,567
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,990,988

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization NORWALK ARTS CENTER LLC	Employer identification number 83-0867082
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 170,797
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 57.53%. Row 15: Public support percentage from 2024 Schedule A, Part II, line 14 15 72.13%.

16a 33 1/3% support test — 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test — 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here []

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests — 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI.			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
2a			
2b			
3a			
3b			
3c			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Total annual distributions. Add lines 1 through 5.	6
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8 Distributable amount for 2025 from Section C, line 6	8
9 Line 7 amount divided by line 8 amount	9

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 271,075

Schedule B
(Form 990)
(Rev. December 2024)
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

Name of the organization

Employer identification number

NORWALK ARTS CENTER LLC

83-0867082

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

NORWALK ARTS CENTER LLC

Employer identification number

83-0867082

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	JEFF & MARY ANN HIPPI 5 JAMIE WAY NORWALK OH 44857	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RKS POWER SOLUTIONS KEN SMITH & BROOKE LESLIE 2633 US RTE 250 NORWALK OH 44857	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RILEY CONTRACTING, INC. TRAVIS RILEY PO BOX 258 NORWALK OH 44857	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FISHER-TITUS MEDICAL CENTER DR BRENT BURKEY & SUZANNE FARMER 272 BENEDICT AVE. NORWALK OH 44857	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BELLEZA TOM & LAURIE SCHMUHL 126 S. LINWOOD AVE NORWALK OH 44857	\$ 25,027	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KEN & NANCY BLEILE 862 S NORALK RD. E NORWALK OH 44857	\$ 33,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NORWALK ARTS CENTER LLC

Employer identification number

83-0867082

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	NORWECO, INC. GREG GRAVES 220 REPUBLIC STREET NORWALK OH 44857	\$ 33,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DAVE & ROBIN BLEILE 75 S. NORWALK RD. NORWALK OH 44857	\$ 35,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GERARD & PATRICIA HIPP FAMILY FOUNDATION 371 CLEVELAND RD. NORWALK OH 44857	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JOHN & SUE RILEY 1246 US HIGHWAY 20 EAST NORWALK OH 44857	\$ 50,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	TWENTY-FIRST CENTURY FOUNDATION JOHN & MARY LOU BORES PO BOX 246 MONROEVILLE OH 44847	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO CA 94105	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NORWALK ARTS CENTER LLC

Employer identification number

83-0867082

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	JEAN BEAULIEU 2545 RIDGE RD. REAR NORWALK OH 44857	\$ 108,056	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PAUL & KATHLEEN SIGSWORTH 2050 SEMINARY RD MILAN OH 44846	\$ 109,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORWALK ARTS CENTER LLC

Employer identification number

83-0867082

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows a-d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,280		28,280
b Buildings		1,222,091		1,222,091
c Leasehold improvements				
d Equipment		15,638	9,353	6,285
e Other		8,187	6,455	1,732
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,258,388

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) VISA CREDIT CARD-PREMIER BANK	542
(3) *SALES TAX PAYABLE	16
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	558

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORWALK ARTS CENTER LLC

Employer identification number

83-0867082

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CAP. CAMPAIGN</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	913,263			913,263
	2 Less: Contributions	889,406			889,406
	3 Gross income (line 1 minus line 2)	23,857			23,857
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,146			16,146
	10 Direct expense summary. Add lines 4 through 9 in column (d)				16,146
11 Net income summary. Subtract line 10 from line 3, column (d)				7,711	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	Employer identification number
NORWALK ARTS CENTER LLC	83-0867082

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
DINA LUKASKO KATHLEEN SIGSWORTH
PRESIDENT TREASURER
SIBLINGS

JEFF COOK VANESSA COOK
VP SECRETARY
MARRIED

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
ALL MEMBERS ARE TREATED EQUALLY. THE ELECTED OFFICERS HAVE SEPARATE
RESPONSIBILITIES THAT ARE UNDERSTOOD AT THE TIME THE OFFICE IS TAKEN. THE
MAJORITY OF MEMBERS HAVE COMPLETED 4 OR MORE CLASSES ON THE OHIO ATTORNEY
GENERAL'S CHARITABLE UNIVERSITY WEBSITE TO INSTRUCT MEMBERS OF THEIR
FIDUCIARY RESPONSIBILITIES.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
MEMBERS ARE ADDED BY NOMINATIONS BY OTHER MEMBERS AT MONTHLY MEETINGS.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED
BRIAN LODERMEIER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TREASURER WILL PROVIDE THE DRAFT COPY FOR THE BOARD TO REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE GOVERNING BODY HAS ACCEPTED A WRITTEN PRIVACY AND CONFIDENTIALITY
CONFLICT OF INTEREST FORM WHICH MEMBERS ARE ASKED TO SIGN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
AN INDEPTH REVIEW IS GIVEN BY INDEPENDENT MEMBERS OF THE BOARD ON THE
PERFORMANCE OF SUCH INDIVIDUALS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
AN INDEPTH REVIEW IS GIVEN BY INDEPENDENT MEMBERS OF THE BOARD ON THE
PERFORMANCE OF SUCH INDIVIDUALS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE MOST CURRENT 990 IS POSTED ON THE NAC WEBSITE FOR PUBLIC VIEW. ALL OTHER
DOCUMENTS ARE MAINTAINED ON THE NOC GOOGLE DRIVE.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES
DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
OUTREACH EXPENSES	\$ 0	\$ 0	\$ 5,257
ART EDUCATION EXPENSES	\$ 4,674	\$ 0	\$ 0
COSTUMES & SETS	\$ 4,013	\$ 0	\$ 0

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	Employer identification number
NORWALK ARTS CENTER LLC	83-0867082

RENOVATION EXPENSE	\$ 2,845	\$ 0	\$ 0
THEATER EXPENSES	\$ 2,826	\$ 0	\$ 0
FUNDRAISING EXPENSES	\$ 0	\$ 0	\$ 2,235
UTILITIES	\$ 0	\$ 1,600	\$ 0
MEALS & ENTERTAINMENT	\$ 1,331	\$ 0	\$ 0
MEMBERSHIP DUES	\$ 0	\$ 584	\$ 0
EDUCATIONAL EXPENSE	\$ 487	\$ 0	\$ 0
ADMIN EXPENSES	\$ 0	\$ 405	\$ 0
REPAIRS & MAINTENANCE	\$ 154	\$ 172	\$ 0
TOTAL	\$ 16,330	\$ 2,761	\$ 7,492

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

2025

Attachment
Sequence No. **179**

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NORWALK ARTS CENTER LLC

INDIRECT DEPRECIATION

83-0867082

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	2,092
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	50-year property		50 yrs.	MM	S/L	
i	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C— Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	
e	50-year		50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025)

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

Table with 2 columns: Description and Amount. Row 21: Listed property. Row 22: Total. Rows 23a and 23b: Basis for depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with 4 columns: Question, Yes, No, and Charter. Rows 24a, 24b, and 24c.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 25.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 26.

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 27.

Table with 2 columns: Description and Amount. Row 28: Add amounts in column (h). Row 29: Add amounts in column (i).

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36.

83-0867082

Federal Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
7	SMALL TOOLS	9/25/2021	2,191			2,191	5 HY 200DB	1,741	300
8	SEWING MACHINE	6/23/2021	499			499	5 HY 200DB	402	65
9	3'X6' MIRROR ON ROLLING FLOOR	6/28/2021	1,482			1,482	10 HY 200DB	761	144
10	LIGHTING EQUIPMENT	11/30/2021	1,419			1,419	7 HY 200DB	908	146
11	SCISSOR LIFT	10/12/2021	8,000			8,000	15 HY 150DB	2,265	574
12	PROJECTOR	12/03/2020	1,232			1,232	5 HY 200DB	1,114	118
13	PROJECTOR SCREEN	11/30/2020	815			815	5 HY 200DB	737	78
14	DELL LATITUDE 7400 LAPTOP	11/21/2020	968			968	3 HY 200DB	968	0
15	DELL LATITUDE E5440 LAPTOP	11/30/2020	360			360	3 HY 200DB	360	0
16	DELL LATITUDE E5440 LAPTOP	11/30/2020	360			360	3 HY 200DB	360	0
17	DELL VOSTRO NOTEBOOK 750	12/01/2020	1,063			1,063	3 HY 200DB	1,063	0
18	6 EA BISTRO HIGH-TOP TABLE CHAIR	6/20/2021	436			436	10 HY 200DB	224	42
25	GEORGE STECK BABY GRAND PIANO	12/06/2022	5,000			5,000	7 HY 200DB	2,813	625
			<u>23,825</u>			<u>23,825</u>		<u>13,716</u>	<u>2,092</u>
Other Depreciation:									
1	57 E MAIN ST BUILDING	5/31/2019	6,720			6,720	39 -- Memo	0	0
2	INTERIOR DEMOLITION	9/30/2020	40,350			40,350	39 -- Memo	0	0
3	ROOF DECK AND DUCTWORK	2/09/2021	52,968			52,968	39 -- Memo	0	0
4	OVERHEAD DOOR AND LOADING	5/01/2021	2,920			2,920	15 -- Memo	0	0
5	MARQUEE ROOF DOWN PAYMENT	8/02/2021	11,217			11,217	39 -- Memo	0	0
6	ARCHITECTURAL SERVICES	11/30/2021	36,261			36,261	39 -- Memo	0	0
19	REBUILD ROOF	9/30/2020	153,837			153,837	39 -- Memo	0	0
20	LAND	5/31/2019	28,280			28,280	0 -- Land	0	0
21	SIGNAGE	1/30/2022	60,000			60,000	15 -- Memo	0	0
22	MARQUEE - ROOF	4/06/2022	25,000			25,000	15 -- Memo	0	0
23	MARQUEE - LEAD PAINT STABLIZATI	3/30/2022	14,000			14,000	15 -- Memo	0	0
24	ROOF IMPROVEMENT	10/01/2022	42,738			42,738	15 -- Memo	0	0
26	MARQUEE - ROOF	8/25/2023	30,000			30,000	15 -- Memo	0	0
27	MARQUEE LETTERS PAINTED	5/11/2023	3,005			3,005	15 -- Memo	0	0
28	THEATRE SURVEY DEPOSIT	10/28/2024	2,960			2,960	15 -- Memo	0	0
29	MARQUEE IMPROVEMENTS	9/17/2024	45,000			45,000	15 -- Memo	0	0
30	SIGNAGE	9/15/2024	84,250			84,250	15 -- Memo	0	0
31	ARCHITECTURAL SERVICES	12/19/2024	58,121			58,121	15 -- Memo	0	0
32	SURVEYS AND ARCHITECTURAL SEF	11/19/2025	552,743			552,743	15 -- Memo	0	0
	Total Other Depreciation		<u>1,250,370</u>			<u>1,250,370</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,250,370</u>			<u>1,250,370</u>		<u>0</u>	<u>0</u>
	Grand Totals		1,274,195			1,274,195		13,716	2,092
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Less: Domestic R & E Expense		0			0		0	0
	Net Grand Totals		<u>1,274,195</u>			<u>1,274,195</u>		<u>13,716</u>	<u>2,092</u>

83-0867082

OH Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	OH Prior	OH Current	Federal Current	Difference Fed - OH
Prior MACRS:								
7	SMALL TOOLS	9/25/2021	2,191	2,191	1,741	300	300	0
8	SEWING MACHINE	6/23/2021	499	499	402	65	65	0
9	3'X6' MIRROR ON ROLLING FLOOR	6/28/2021	1,482	1,482	761	144	144	0
10	LIGHTING EQUIPMENT	11/30/2021	1,419	1,419	908	146	146	0
11	SCISSOR LIFT	10/12/2021	8,000	8,000	2,265	574	574	0
12	PROJECTOR	12/03/2020	1,232	1,232	1,114	118	118	0
13	PROJECTOR SCREEN	11/30/2020	815	815	737	78	78	0
14	DELL LATITUDE 7400 LAPTOP	11/21/2020	968	968	968	0	0	0
15	DELL LATITUDE E5440 LAPTOP	11/30/2020	360	360	360	0	0	0
16	DELL LATITUDE E5440 LAPTOP	11/30/2020	360	360	360	0	0	0
17	DELL VOSTRO NOTEBOOK 750	12/01/2020	1,063	1,063	1,063	0	0	0
18	6 EA BISTRO HIGH-TOP TABLE CHAIR	6/20/2021	436	436	224	42	42	0
25	GEORGE STECK BABY GRAND PIANO	12/06/2022	5,000	5,000	2,813	625	625	0
			<u>23,825</u>	<u>23,825</u>	<u>13,716</u>	<u>2,092</u>	<u>2,092</u>	<u>0</u>
Other Depreciation:								
1	57 E MAIN ST BUILDING	5/31/2019	6,720	6,720	0	0	0	0
2	INTERIOR DEMOLITION	9/30/2020	40,350	40,350	0	0	0	0
3	ROOF DECK AND DUCTWORK	2/09/2021	52,968	52,968	0	0	0	0
4	OVERHEAD DOOR AND LOADING	5/01/2021	2,920	2,920	0	0	0	0
5	MARQUEE ROOF DOWN PAYMENT	8/02/2021	11,217	11,217	0	0	0	0
6	ARCHITECTURAL SERVICES	11/30/2021	36,261	36,261	0	0	0	0
19	REBUILD ROOF	9/30/2020	153,837	153,837	0	0	0	0
20	LAND	5/31/2019	28,280	28,280	0	0	0	0
21	SIGNAGE	1/30/2022	60,000	60,000	0	0	0	0
22	MARQUEE - ROOF	4/06/2022	25,000	25,000	0	0	0	0
23	MARQUEE - LEAD PAINT STABILIZATI	3/30/2022	14,000	14,000	0	0	0	0
24	ROOF IMPROVEMENT	10/01/2022	42,738	42,738	0	0	0	0
26	MARQUEE - ROOF	8/25/2023	30,000	30,000	0	0	0	0
27	MARQUEE LETTERS PAINTED	5/11/2023	3,005	3,005	0	0	0	0
28	THEATRE SURVEY DEPOSIT	10/28/2024	2,960	2,960	0	0	0	0
29	MARQUEE IMPROVEMENTS	9/17/2024	45,000	45,000	0	0	0	0
30	SIGNAGE	9/15/2024	84,250	84,250	0	0	0	0
31	ARCHITECTURAL SERVICES	12/19/2024	58,121	58,121	0	0	0	0
32	SURVEYS AND ARCHITECTURAL SER	11/19/2025	552,743	552,743	0	0	0	0
	Total Other Depreciation		<u>1,250,370</u>	<u>1,250,370</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,250,370</u>	<u>1,250,370</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		1,274,195	1,274,195	13,716	2,092	2,092	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Less: Domestic R & E Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,274,195</u>	<u>1,274,195</u>	<u>13,716</u>	<u>2,092</u>	<u>2,092</u>	<u>0</u>

83-0867082

AMT Asset Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
7	SMALL TOOLS	9/25/2021	2,191			2,191	5 HY 200DB	1,741	300
8	SEWING MACHINE	6/23/2021	499			499	5 HY 200DB	402	65
9	3'X6' MIRROR ON ROLLING FLOOR	6/28/2021	1,482			1,482	10 HY 200DB	761	144
10	LIGHTING EQUIPMENT	11/30/2021	1,419			1,419	7 HY 200DB	908	146
11	SCISSOR LIFT	10/12/2021	8,000			8,000	15 HY 150DB	2,265	574
12	PROJECTOR	12/03/2020	1,232			1,232	5 HY 200DB	1,114	118
13	PROJECTOR SCREEN	11/30/2020	815			815	5 HY 200DB	737	78
14	DELL LATITUDE 7400 LAPTOP	11/21/2020	968			968	3 HY 200DB	968	0
15	DELL LATITUDE E5440 LAPTOP	11/30/2020	360			360	3 HY 200DB	360	0
16	DELL LATITUDE E5440 LAPTOP	11/30/2020	360			360	3 HY 200DB	360	0
17	DELL VOSTRO NOTEBOOK 750	12/01/2020	1,063			1,063	3 HY 200DB	1,063	0
18	6 EA BISTRO HIGH-TOP TABLE CHAIR	6/20/2021	436			436	10 HY 200DB	224	42
25	GEORGE STECK BABY GRAND PIANO	12/06/2022	5,000			5,000	7 HY 200DB	2,813	625
			<u>23,825</u>			<u>23,825</u>		<u>13,716</u>	<u>2,092</u>
Other Depreciation:									
1	57 E MAIN ST BUILDING	5/31/2019	6,720			6,720	39 -- Memo	452	0
2	INTERIOR DEMOLITION	9/30/2020	40,350			40,350	39 -- Memo	1,336	0
3	ROOF DECK AND DUCTWORK	2/09/2021	52,968			52,968	39 -- Memo	1,188	0
4	OVERHEAD DOOR AND LOADING	5/01/2021	2,920			2,920	15 -- Memo	2,920	0
5	MARQUEE ROOF DOWN PAYMENT	8/02/2021	11,217			11,217	39 -- Memo	108	0
6	ARCHITECTURAL SERVICES	11/30/2021	36,261			36,261	39 -- Memo	116	0
19	REBUILD ROOF	9/30/2020	153,837			153,837	39 -- Memo	5,095	0
20	LAND	5/31/2019	0			0	0 HY	0	0
21	SIGNAGE	1/30/2022	60,000			60,000	15 -- Memo	0	0
22	MARQUEE - ROOF	4/06/2022	25,000			25,000	15 -- Memo	0	0
23	MARQUEE - LEAD PAINT STABLIZATI	3/30/2022	14,000			14,000	15 -- Memo	0	0
24	ROOF IMPROVEMENT	10/01/2022	42,738			42,738	15 -- Memo	0	0
26	MARQUEE - ROOF	8/25/2023	30,000			30,000	15 -- Memo	0	0
27	MARQUEE LETTERS PAINTED	5/11/2023	3,005			3,005	15 -- Memo	0	0
28	THEATRE SURVEY DEPOSIT	10/28/2024	2,960			2,960	15 -- Memo	0	0
29	MARQUEE IMPROVEMENTS	9/17/2024	45,000			45,000	15 -- Memo	0	0
30	SIGNAGE	9/15/2024	84,250			84,250	15 -- Memo	0	0
31	ARCHITECTURAL SERVICES	12/19/2024	58,121			58,121	15 -- Memo	0	0
32	SURVEYS AND ARCHITECTURAL SEF	11/19/2025	552,743			552,743	15 -- Memo	0	0
	Total Other Depreciation		<u>1,222,090</u>			<u>1,222,090</u>		<u>11,215</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,222,090</u>			<u>1,222,090</u>		<u>11,215</u>	<u>0</u>
	Grand Totals		1,245,915			1,245,915		24,931	2,092
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>1,245,915</u>			<u>1,245,915</u>		<u>24,931</u>	<u>2,092</u>

83-0867082

Bonus Depreciation Report

FYE: 12/31/2025

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	57 E MAIN ST BUILDING	5/31/2019	6,720		0	0	0	6,720
2	INTERIOR DEMOLITION	9/30/2020	40,350		0	0	0	40,350
4	OVERHEAD DOOR AND LOADING	5/01/2021	2,920		0	0	0	2,920
21	SIGNAGE	1/30/2022	60,000		0	0	0	60,000
22	MARQUEE - ROOF	4/06/2022	25,000		0	0	0	25,000
23	MARQUEE - LEAD PAINT STABLIZATIO	3/30/2022	14,000		0	0	0	14,000
24	ROOF IMPROVEMENT	10/01/2022	42,738		0	0	0	42,738
26	MARQUEE - ROOF	8/25/2023	30,000		0	0	0	30,000
27	MARQUEE LETTERS PAINTED	5/11/2023	3,005		0	0	0	3,005
Grand Total			<u>224,733</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>224,733</u>

83-0867082

Depreciation Adjustment Report

FYE: 12/31/2025

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	7	SMALL TOOLS	300	300	0
Page 1	1	8	SEWING MACHINE	65	65	0
Page 1	1	9	3'X6' MIRROR ON ROLLING FLOOR	144	144	0
Page 1	1	10	LIGHTING EQUIPMENT	146	146	0
Page 1	1	11	SCISSOR LIFT	574	574	0
Page 1	1	12	PROJECTOR	118	118	0
Page 1	1	13	PROJECTOR SCREEN	78	78	0
Page 1	1	14	DELL LATITUDE 7400 LAPTOP	0	0	0
Page 1	1	15	DELL LATITUDE E5440 LAPTOP	0	0	0
Page 1	1	16	DELL LATITUDE E5440 LAPTOP	0	0	0
Page 1	1	17	DELL VOSTRO NOTEBOOK 750	0	0	0
Page 1	1	18	6 EA BISTRO HIGH-TOP TABLE CHAIRS	42	42	0
Page 1	1	25	GEORGE STECK BABY GRAND PIANO	625	625	0
				<u>2,092</u>	<u>2,092</u>	<u>0</u>

Future Depreciation Report FYE: 12/31/2026

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
7	SMALL TOOLS	9/25/2021	2,191	150	150
8	SEWING MACHINE	6/23/2021	499	32	32
9	3'X6' MIRROR ON ROLLING FLOOR	6/28/2021	1,482	116	116
10	LIGHTING EQUIPMENT	11/30/2021	1,419	146	146
11	SCISSOR LIFT	10/12/2021	8,000	516	516
12	PROJECTOR	12/03/2020	1,232	0	0
13	PROJECTOR SCREEN	11/30/2020	815	0	0
14	DELL LATITUDE 7400 LAPTOP	11/21/2020	968	0	0
15	DELL LATITUDE E5440 LAPTOP	11/30/2020	360	0	0
16	DELL LATITUDE E5440 LAPTOP	11/30/2020	360	0	0
17	DELL VOSTRO NOTEBOOK 750	12/01/2020	1,063	0	0
18	6 EA BISTRO HIGH-TOP TABLE CHAIRS	6/20/2021	436	34	34
25	GEORGE STECK BABY GRAND PIANO	12/06/2022	5,000	446	446
			<u>23,825</u>	<u>1,440</u>	<u>1,440</u>

Other Depreciation:

1	57 E MAIN ST BUILDING	5/31/2019	6,720	0	0
2	INTERIOR DEMOLITION	9/30/2020	40,350	0	0
3	ROOF DECK AND DUCTWORK	2/09/2021	52,968	0	0
4	OVERHEAD DOOR AND LOADING	5/01/2021	2,920	0	0
5	MARQUEE ROOF DOWN PAYMENT	8/02/2021	11,217	0	0
6	ARCHITECTURAL SERVICES	11/30/2021	36,261	0	0
19	REBUILD ROOF	9/30/2020	153,837	0	0
20	LAND	5/31/2019	28,280	0	0
21	SIGNAGE	1/30/2022	60,000	0	0
22	MARQUEE - ROOF	4/06/2022	25,000	0	0
23	MARQUEE - LEAD PAINT STABLIZATION	3/30/2022	14,000	0	0
24	ROOF IMPROVEMENT	10/01/2022	42,738	0	0
26	MARQUEE - ROOF	8/25/2023	30,000	0	0
27	MARQUEE LETTERS PAINTED	5/11/2023	3,005	0	0
28	THEATRE SURVEY DEPOSIT	10/28/2024	2,960	0	0
29	MARQUEE IMPROVEMENTS	9/17/2024	45,000	0	0
30	SIGNAGE	9/15/2024	84,250	0	0
31	ARCHITECTURAL SERVICES	12/19/2024	58,121	0	0
32	SURVEYS AND ARCHITECTURAL SERVICE	11/19/2025	552,743	0	0
	Total Other Depreciation		<u>1,250,370</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,250,370</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>1,274,195</u>	<u>1,440</u>	<u>1,440</u>

Asset	Description	Date In Service	Cost	OH
Prior MACRS:				
7	SMALL TOOLS	9/25/2021	2,191	150
8	SEWING MACHINE	6/23/2021	499	32
9	3'X6' MIRROR ON ROLLING FLOOR	6/28/2021	1,482	116
10	LIGHTING EQUIPMENT	11/30/2021	1,419	146
11	SCISSOR LIFT	10/12/2021	8,000	516
12	PROJECTOR	12/03/2020	1,232	0
13	PROJECTOR SCREEN	11/30/2020	815	0
14	DELL LATITUDE 7400 LAPTOP	11/21/2020	968	0
15	DELL LATITUDE E5440 LAPTOP	11/30/2020	360	0
16	DELL LATITUDE E5440 LAPTOP	11/30/2020	360	0
17	DELL VOSTRO NOTEBOOK 750	12/01/2020	1,063	0
18	6 EA BISTRO HIGH-TOP TABLE CHAIRS	6/20/2021	436	34
25	GEORGE STECK BABY GRAND PIANO	12/06/2022	5,000	446
			<u>23,825</u>	<u>1,440</u>

Other Depreciation:

1	57 E MAIN ST BUILDING	5/31/2019	6,720	0
2	INTERIOR DEMOLITION	9/30/2020	40,350	0
3	ROOF DECK AND DUCTWORK	2/09/2021	52,968	0
4	OVERHEAD DOOR AND LOADING	5/01/2021	2,920	0
5	MARQUEE ROOF DOWN PAYMENT	8/02/2021	11,217	0
6	ARCHITECTURAL SERVICES	11/30/2021	36,261	0
19	REBUILD ROOF	9/30/2020	153,837	0
20	LAND	5/31/2019	28,280	0
21	SIGNAGE	1/30/2022	60,000	0
22	MARQUEE - ROOF	4/06/2022	25,000	0
23	MARQUEE - LEAD PAINT STABLIZATION	3/30/2022	14,000	0
24	ROOF IMPROVEMENT	10/01/2022	42,738	0
26	MARQUEE - ROOF	8/25/2023	30,000	0
27	MARQUEE LETTERS PAINTED	5/11/2023	3,005	0
28	THEATRE SURVEY DEPOSIT	10/28/2024	2,960	0
29	MARQUEE IMPROVEMENTS	9/17/2024	45,000	0
30	SIGNAGE	9/15/2024	84,250	0
31	ARCHITECTURAL SERVICES	12/19/2024	58,121	0
32	SURVEYS AND ARCHITECTURAL SERVICE	11/19/2025	552,743	0
	Total Other Depreciation		<u>1,250,370</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,250,370</u>	<u>0</u>
	Grand Totals		<u>1,274,195</u>	<u>1,440</u>

Form 990	Two Year Comparison Report	2024 & 2025
For calendar year 2025, or tax year beginning _____, ending _____		

Name: **NORWALK ARTS CENTER LLC** Taxpayer Identification Number: **83-0867082**

		2024	2025	Differences
Revenue	1. Contributions, gifts, grants	163,571	894,730	731,159
	2. Membership dues and assessments			
	3. Government contributions and grants	2,055,054	14,300	-2,040,754
	4. Program service revenue	40,133	48,140	8,007
	5. Investment income	38,607	70,978	32,371
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-4,829	15,212	20,041
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	616	5,615	4,999
	11. Other revenue	9,861	4,778	-5,083
	12. Total revenue. Add lines 1 through 11	2,303,013	1,053,753	-1,249,260
Expenses	13. Grants and similar amounts paid	512	416	-96
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	8,971	58,310	49,339
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees			
	18. Other professional fees	4,550	4,475	-75
	19. Occupancy, rent, utilities, and maintenance	6,000	6,000	
	20. Depreciation and Depletion	2,705	2,092	-613
	21. Other expenses	77,906	84,626	6,720
	22. Total expenses. Add lines 13 through 21	100,644	155,919	55,275
	23. Excess or (Deficit). Subtract line 22 from line 12	2,202,369	897,834	-1,304,535
Other Information	24. Total exempt revenue	2,303,013	1,053,753	-1,249,260
	25. Total unrelated revenue			
	26. Total excludable revenue	84,388	144,723	60,335
	27. Total assets	3,093,398	3,991,546	898,148
	28. Total liabilities	1,811	558	-1,253
	29. Retained earnings	3,091,587	3,990,988	899,401
	30. Number of voting members of governing body	9	10	
	31. Number of independent voting members of governing body	9	10	
	32. Number of employees	0	0	
33. Number of volunteers	97	64		

Form 990	Tax Return History	2025
-----------------	---------------------------	-------------

Name NORWALK ARTS CENTER LLC	Employer Identification Number 83-0867082
--	---

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants		142,824	186,580	2,218,625	909,030	
Membership dues						
Program service revenue		32,512	48,719	40,133	48,140	
Capital gain or loss						
Investment income			142	38,607	70,978	
Fundraising revenue (income/loss)		179,738	64,073	-4,829	15,212	
Gaming revenue (income/loss)						
Other revenue		3,403	6,004	10,477	10,393	
Total revenue		358,477	305,518	2,303,013	1,053,753	
Grants and similar amounts paid		150	450	512	416	
Benefits paid to or for members						
Compensation of officers, etc.				8,971	58,310	
Other compensation						
Professional fees			3,630	4,550	4,475	
Occupancy costs		2,016	6,500	6,000	6,000	
Depreciation and depletion		5,156	4,122	2,705	2,092	
Other expenses		87,678	75,892	77,906	84,626	
Total expenses		95,000	90,594	100,644	155,919	
Excess or (Deficit)		263,477	214,924	2,202,369	897,834	
Total exempt revenue		358,477	305,518	2,303,013	1,053,753	
Total unrelated revenue						
Total excludable revenue		215,653	118,938	84,388	144,723	
Total Assets		674,123	889,342	3,093,398	3,991,546	
Total Liabilities		13	308	1,811	558	
Net Fund Balances		674,110	889,034	3,091,587	3,990,988	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME ON ACCOUNTS	\$ 70,978		14			
TOTAL	<u>\$ 70,978</u>					

83-0867082

Federal Statements

FYE: 12/31/2025

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CAP. CAMPAIGN	\$	\$	\$	\$
BANK SERVICE FEES	25			25
TOTAL	\$ 25	\$ 0	\$ 0	\$ 25

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OUTREACH EXPENSES	\$ 5,257	\$	\$	\$ 5,257
ART EDUCATION EXPENSES	4,674	4,674		
COSTUMES & SETS	4,013	4,013		
RENOVATION EXPENSE	2,845	2,845		
THEATER EXPENSES	2,826	2,826		
FUNDRAISING EXPENSES	2,235			2,235
UTILITIES	1,600		1,600	
MEALS & ENTERTAINMENT	1,331	1,331		
MEMBERSHIP DUES	584		584	
EDUCATIONAL EXPENSE	487	487		
ADMIN EXPENSES	405		405	
REPAIRS & MAINTENANCE	326	154	172	
TOTAL	\$ 26,583	\$ 16,330	\$ 2,761	\$ 7,492

Schedule A, Part II, Line 1(e)

Description	Amount
GENERAL	\$ 2,800
THEATER PROGRAM	6,654
ART EDUCATION	3,846
GRANTS	1,000
GENERAL	100
THEATER	4,964
ARTS EDUCATION	260

83-0867082

Federal Statements

FYE: 12/31/2025

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CAP. CAMPAIGN	\$
CASH CONTRIBUTION	889,066
NOBIL'S SPORTS & TROPHIES	102
LUKASKO, DINA & JAY	73
DIAMOND COLLECTION	165
TOTAL	\$ 909,030

83-0867082

Federal Statements

FYE: 12/31/2025

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JOHN & ERIN LENDRUM	\$ 29,000	\$
THE MARVIN K. SMITH CHARITABLE	29,000	
GEOTRAC CHARITABLE FOUNDATION	29,000	
SHARPNACK CHEVROLET BUICK, INC.	10,000	
FIRELANDS FEDERAL CREDIT UNION	10,000	
VACATIONLAND FEDERAL CREDIT UNION	10,000	
DON TESTER FORD	10,000	
DAIVIA KASPER	10,000	
PRESTIGE POOLS	10,110	
LESCH UPHOLSTERY	10,219	
BONNIE BARNA	10,284	
ROGER, NANCY, & BRIAN WALLACE	10,500	
GREG & ROGER SMITH	10,624	
FIRELANDS VETERANS	11,000	
KENNETH & CAROL FRIES	12,000	
SANDY WHITE	29,174	
SKIP & PATTI WILDE	30,153	
DINA LUKASKO	30,943	
TOM & TINA RUFFING	35,000	
JEFF & MARY ANN HIPPI	40,000	
RKS POWER SOLUTIONS	40,000	
RILEY CONTRACTING, INC.	40,000	
FISHER-TITUS MEDICAL CENTER	45,000	3,120
BELLEZA	45,027	3,147
KEN & NANCY BLEILE	53,333	11,453
NORWECO, INC.	53,333	11,453
DAVE & ROBIN BLEILE	40,100	
GERARD & PATRICIA HIPPI FAMILY	70,000	28,120
JOHN & SUE RILEY	77,736	35,856
TWENTY-FIRST CENTURY FOUNDATION	127,486	85,606
SCHWAB CHARITABLE FUND	127,486	85,606
JEAN BEAULIEU	135,542	93,662
PAUL & KATHLEEN SIGSWORTH	133,974	92,094
TOTAL	<u>\$ 1,366,024</u>	<u>\$ 450,117</u>

83-0867082

Federal Statements

FYE: 12/31/2025

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME ON ACCOUNTS	\$ 70,978
22 EAST MAIN STREET	4,750
TOTAL	<u>\$ 75,728</u>

Schedule A, Part II, Line 10(e)

Description	Amount
CAP. CAMPAIGN	\$ 23,857
AUCTION	
MISC	7,501
SALE OF MERCHANDISE	6,576
TOTAL	<u>\$ 37,934</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ART EDUCATION	\$ 8,102
THEATER PROGRAM	40,038
MISCELLANEOUS INCOME	28
TOTAL	<u>\$ 48,168</u>

83-0867082

Federal Statements

FYE: 12/31/2025

CAP. CAMPAIGN

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ 15,671
CAPITAL CAMPAIGN EXPENSE	475
TOTAL	<u>\$ 16,146</u>