

EXTENDED TO NOVEMBER 15, 2023

Form 990

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

OMB No. 1545-0047

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization MILL CREEK FIRE COMPANY, INC		D Employer identification number 51-6028916
<input type="checkbox"/> Address change	Doing business as		E Telephone number 302-998-8911
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 3808 KIRKWOOD HIGHWAY		F Gross receipts \$ 3,871,864.
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19808		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: DOUGLAS MANLEY 3808 KIRKWOOD HIGHWAY, WILMINGTON, DE 19808		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions
J Website: WWW.MILLCREEKFIRECO.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1927 M State of legal domicile: DE	

Part I | Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21
Expenses	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 72
	6 Total number of volunteers (estimate if necessary)	6 70
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 33,291.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,121,895. Current Year 2,192,397.
	9 Program service revenue (Part VIII, line 2g)	1,224,588. 1,296,133.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	674,014. 300,894.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,234. 76,064.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,051,731. 3,865,488.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	282,098. 305,069.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,546,515. 1,676,441.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	88,668.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,721,317. 1,945,879.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,549,930. 3,927,389.
19 Revenue less expenses. Subtract line 18 from line 12	501,801. -61,901.	
20 Total assets (Part X, line 16)	Beginning of Current Year 18,843,168. End of Year 16,696,913.	
21 Total liabilities (Part X, line 26)	3,418,805. 3,079,813.	
22 Net assets or fund balances. Subtract line 21 from line 20	15,424,363. 13,617,100.	

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 DOUGLAS MANLEY, PRESIDENT		Date
Paid	Print/Type preparer's name RENEE A VILLANO, CPA	Preparer's signature RENEE A VILLANO, CPA	Date 09/18/23 Check <input type="checkbox"/> if self-employed PTIN P00270347
Preparer Use Only	Firm's name AKA ADVISORY, LLC	Firm's EIN 26-0645306	
	Firm's address 1701 SHALLCROSS AVE, STE D WILMINGTON, DE 19806	Phone no. (302) 230-7171	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X1 Briefly describe the organization's mission:

TO IMPROVE THE QUALITY OF LIFE OF THE RESIDENTS AND VISITORS WITHIN THE MILL CREEK FIRE DISTRICT AND MUTUAL-AID DISTRICTS BY PROVIDING PROTECTION OF LIFE AND PROPERTY THREATENED BY MEDICAL EMERGENCIES, FIRES, ACCIDENTS AND SEVERE WEATHER CONDITIONS. OUR SERVICES OF FIRE

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ **1,195,694.** including grants of \$ _____) (Revenue \$ _____)

TO PROVIDE FIRE RESCUE OPERATIONS IN THEIR COMMUNITY AND EDUCATE THE PUBLIC ON FIRE SAFETY.

4b (Code: _____) (Expenses \$ **2,540,538.** including grants of \$ _____) (Revenue \$ **1,262,842.**)

PROVIDE EMERGENCY MEDICAL SERVICES AND AMBULANCE TRANSPORT TO THEIR COMMUNITY.

4c (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **3,736,232.**

Form 990 (2022)

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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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? <ul style="list-style-type: none"> 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?	X	
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	22	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	23	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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	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	25b	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	26	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	27	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	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	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	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	35b	
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	36	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	37	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	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	72
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		X
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)?		
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.			
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
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.			

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21	
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	21	
b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		X
b	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		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	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?		X
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		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		
b	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?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
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.	
	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> 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	
	THE ORGANIZATION – 302-998-8911	
	3808 KIRKWOOD HIGHWAY, WILMINGTON, DE 19808	

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 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			
(1) DOUGLAS MANLEY PRESIDENT / DIRECTOR	5.00	X	X				0.	0.	0.
(2) MARK DOLAN CHAIRPERSON	2.00	X	X				0.	0.	0.
(3) BARRY KELLY VICE CHAIRPERSON	2.00	X	X				0.	0.	0.
(4) WILLIAM MEEHAN SECRETARY	2.00	X	X				0.	0.	0.
(5) RANDALL DOTSON ASSISTANT SECRETARY OF THE BOARD	2.00	X	X				0.	0.	0.
(6) JAMES APPLEGATE TREASURER	2.00	X	X				0.	0.	0.
(7) NICK BARONIE CHIEF	2.00	X					0.	0.	0.
(8) STEVE GERMAIN DIRECTOR	2.00	X					0.	0.	0.
(9) MIKE LENNON DIRECTOR	2.00	X					0.	0.	0.
(10) DEAN SIMPSON DIRECTOR	2.00	X					0.	0.	0.
(11) JOSEPH STEWART SR. DIRECTOR	2.00	X					0.	0.	0.
(12) JACK WARRICK DIRECTOR	2.00	X					0.	0.	0.
(13) ED WEINSTEIN DIRECTOR	2.00	X					0.	0.	0.
(14) R.T. LEICHT ASSISTANT SECRETARY	0.00		X				0.	0.	0.
(15) TIM MACE FINANCIAL SECRETARY	2.00	X					0.	0.	0.
(16) ROBERT PAPP ASSISTANT FINANCIAL SECRETARY	2.00	X					0.	0.	0.
(17) ED KYLE ASSISTANT SERGEANT AT ARMS	2.00		X				0.	0.	0.

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 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			
(18) JOHN CAMPANELLA SERGEANT AT ARMS	2.00		X				0.	0.	0.
(19) JON STEWART VICE PRESIDENT	2.00		X				0.	0.	0.
(20) DONALD GODWIN CHAPLAIN	2.00		X				0.	0.	0.
(21) ROB ELKINS ASSISTANT TREASURER	2.00		X				0.	0.	0.
1b Subtotal							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.

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? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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
NONE		

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 RevenueCheck 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	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,918,291.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 274,106.			
	g Noncash contributions included in lines 1a-1f	1g \$			
	h Total. Add lines 1a-1f		2,192,397.		
Program Service Revenue	2 a AMBULANCE BILLING	Business Code			
		621910	1,262,842.	1,262,842.	
	b CHAMBERS HALL RENTAL	532000	33,291.		33,291.
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,296,133.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		58,912.		58,912.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real	(ii) Personal		
		6a	33,918.		
	b Less: rental expenses		0.		
	c Rental income or (loss)	6c	33,918.		
	d Net rental income or (loss)			33,918.	33,918.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		7a	241,982.		
	b Less: cost or other basis and sales expenses		0.		
	c Gain or (loss)	7c	241,982.		
	d Net gain or (loss)			241,982.	241,982.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
		8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19				
		9a	48,522.		
	b Less: direct expenses	9b	6,376.		
	c Net income or (loss) from gaming activities			42,146.	42,146.
	10 a Gross sales of inventory, less returns and allowances				
		10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		3,865,488.	1,262,842.	33,291.
					376,958.

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				
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	305,069.	305,069.		
5 Compensation of current officers, directors, trustees, and key employees				
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	1,515,410.	1,515,410.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,103.	27,142.	7,545.	10,416.
9 Other employee benefits				
10 Payroll taxes	115,928.	115,928.		
11 Fees for services (nonemployees):				
a Management				
b Legal	5,243.	5,243.		
c Accounting	9,900.	6,152.	3,748.	
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 Sch O.)	74,678.	74,678.		
12 Advertising and promotion				
13 Office expenses	55,792.	9,482.	7,742.	38,568.
14 Information technology				
15 Royalties				
16 Occupancy	169,295.	105,294.	64,001.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	104,435.	104,435.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	623,819.	623,819.		
23 Insurance	115,609.	103,215.	12,394.	
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 PROGRAM EXPENSES	387,865.	380,806.	7,059.	
b EQUIPMENT RENTAL	342,852.	342,852.		
c LADIES AUXILIARY EXPENS	39,684.			39,684.
d TRAINING	16,707.	16,707.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,927,389.	3,736,232.	102,489.	88,668.
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	1,059,547.	1	980,239.
	2 Savings and temporary cash investments	264,160.	2	322,017.
	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		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,530,045.		
	b Less: accumulated depreciation	10b 7,793,970.	10c	9,736,075.
	11 Investments - publicly traded securities	7,149,567.	11	5,394,606.
	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	10,000.	15	263,976.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	18,843,168.	16	16,696,913.
Liabilities	17 Accounts payable and accrued expenses	26,800.	17	20,786.
	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	3,392,005.	23	3,059,027.
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,418,805.	26	3,079,813.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,424,363.	27	13,617,100.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input 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		31	
	32 Total net assets or fund balances	15,424,363.	32	13,617,100.
	33 Total liabilities and net assets/fund balances	18,843,168.	33	16,696,913.

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck 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	3,865,488.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,927,389.
3 Revenue less expenses. Subtract line 2 from line 1	3	-61,901.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,424,363.
5 Net unrealized gains (losses) on investments	5	-1,745,362.
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	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,617,100.

Part XII Financial Statements and ReportingCheck 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?	2a	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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	2c	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?	3a	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	3b		

Form 990 (2022)

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

2022

Open to Public
Inspection

Name of the organization

MILL CREEK FIRE COMPANY, INC

Employer identification number

51-6028916

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 generally must 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		
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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,321,037.	1,749,747.	2,105,009.	2,121,895.	2,192,397.	10,490,085.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,321,037.	1,749,747.	2,105,009.	2,121,895.	2,192,397.	10,490,085.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						10,490,085.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,321,037.	1,749,747.	2,105,009.	2,121,895.	2,192,397.	10,490,085.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53,029.	84,236.	61,924.	51,548.	58,912.	309,649.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,135.	31,040.	31,971.	32,930.	33,918.	159,994.
11 Total support. Add lines 7 through 10						10,959,728.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.71	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.90	%
16a 33 1/3% support test - 2022. 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			
<input checked="" type="checkbox"/>			
b 33 1/3% support test - 2021. 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			
<input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2022. 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			
<input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2021. 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			
<input type="checkbox"/>			
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			<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2022. 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 <input type="checkbox"/>		
b 33 1/3% support tests - 2021. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	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? 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.	1	
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? 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.	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)? 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).	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?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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 entity. Describe in Part VI how you supported a governmental entity (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 the supported organization(s) to which the organization was responsive? 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
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.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over 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.	3b	

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 (<i>explain in detail in Part VI</i>):			
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

2022Open to Public
Inspection

Name of the organization

MILL CREEK FIRE COMPANY, INC

Employer identification number

51-6028916**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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
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.	Held at the End of the Tax Year
2a Total number of conservation easements	2a
2b Total acreage restricted by conservation easements	2b
2c Number of conservation easements on a certified historic structure included in (a)	2c
2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.

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.	
b 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	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

232051 09-01-22

15460918 793123 60255

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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange program
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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	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 on 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		550,000.		550,000.
b Buildings		9,437,941.	3,278,383.	6,159,558.
c Leasehold improvements				
d Equipment		7,171,799.	4,269,147.	2,902,652.
e Other		370,305.	246,440.	123,865.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

9,736,075.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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, col. (B) line 15.)	

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) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COMPANY HAS ELECTED TO BE CLASSIFIED AS A TAX-EXEMPT COMPANY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, IT IS NOT

SUBJECT TO STATE OR FEDERAL INCOME TAXES. THEREFORE, NO PROVISION OR

LIABILITY FOR INCOME TAX IS

PRESENTED IN THESE FINANCIAL STATEMENTS.

INCOME FROM THE CHAMBERS MEMORIAL HALL RENTALS IS CONSIDERED UNRELATED

BUSINESS INCOME, AND ACCORDINGLY SUBJECT TO UNRELATED BUSINESS INCOME TAX.

NO INCOME TAXES WERE PAID DURING THE YEARS ENDED DECEMBER 31, 2022 AND

2021 IN RELATION TO THESE ACTIVITIES.

Part XIII Supplemental Information (continued)

THE COMPANY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. THE COMPANY RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, AS A COMPONENT OF FUNCTIONAL EXPENSES. THE COMPANY DID NOT HAVE ANY INCOME TAX UNCERTAINTIES THAT WERE CONSIDERED GREATER THAN REMOTE.

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MILL CREEK FIRE COMPANY, INC

Employer identification number
51-6028916

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 non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a 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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts				
2	Less: Contributions				
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)				

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		48 , 522 .			48 , 522 .
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses	6 , 376 .			6 , 376 .
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" 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)				6 , 376 .
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				42 , 146 .

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: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	100.00	%
13b		%

Name **LADIES AUXILIARY**

Address 3900 KIRKWOOD HIGHWAY - WILMINGTON, DE 19808

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address

16 Gaming manager information:

Name **LADIES AUXILIARY**

Gaming manager compensation

Description of services provided **BINGO** C

BINGO OPERATIONS ARE PERFORMED ENTIRELY BY VOLUNTEERS

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

232084 04-01-22

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 the latest information.

Name of the organization

MILL CREEK FIRE COMPANY, INC

Employer identification number
51-6028916

FORM 990, PART I, LINE 6

VOLUNTEERS ARE INVOLVED IN ALL DAY TO DAY OPERATIONS OF THE COMPANY. AS A VOLUNTEER FIRE COMPANY, VOLUNTEERS: EXTINGUISH FIRES, MAINTAIN THE EQUIPMENT AND BUILDING, RESPOND TO 911 CALLS AND PROVIDE EMERGENCY SERVICES AND PROMOTE FIRE SAFETY EDUCATION TO THEIR COMMUNITY. IN ADDITION, COMMITTEES FORMED BY THE VOLUNTEERS MANAGE THE DAY TO DAY OPERATIONS OF THE COMPANY, MANAGE THE PAID EMPLOYEES, MANAGE THE FISCAL OPERATIONS, AND ORGANIZE AND MANAGE ALL FUNDRAISING EVENTS HELD BY THE ORGANIZATION. THE COMPANY WILL MAKE AN ANNUAL CONTRIBUTION TO THE STATE OF DELAWARE VOLUNTEER FIREFIGHTER'S PENSION FOR THOSE MEMBERS WHO ARE OF GOOD STANDING AND MEET THE ESTABLISHED CRITERIA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPRESSION, RESCUE, PRE-HOSPITAL BASIC LIFE SUPPORT, AMBULANCE TRANSPORT AND FIRE SAFETY EDUCATION WILL BE PURSUED WITH DETERMINATION AND RESOLVE AND DEPLOYED IN AN INNOVATIVE AND COST-EFFECTIVE MANNER.

FORM 990, PART VI, SECTION A, LINE 2:

JOSEPH STEWART SR. AND JON STEWART ARE FATHER AND SON.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS NOMINATE AND ELECT THE MEMBERS OF THE BOARD ANNUALLY.

Name of the organization

MILL CREEK FIRE COMPANY, INC

Employer identification number
51-6028916

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE PRESIDENT OF THE BOARD IS PROVIDED WITH A FULL COPY OF THE 990 FOR REVIEW. ONCE APPROVED, THE PRESIDENT WILL SIGN THE E-FILE AUTHORIZATION (FORM 8879-EO) AND RETURN IT TO THE PREPARER WHO WILL THEN SUBMIT THE RETURN ELECTRONICALLY.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND MUST DISCLOSE ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15B:

NO OFFICERS ARE PAID FOR THEIR SERVICES. THE SALARIES AND BENEFITS OF ALL PAID EMPLOYEES RESPONSIBLE FOR MEDICAL SERVICES ARE REVIEWED BY THE PAID PERSONNEL COMMITTEE AND BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AVAILABLE FOR REVIEW
ON THE COMPANY'S WEBSITE.

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022

Open to Public
Inspection

Name of the organization

MILL CREEK FIRE COMPANY, INC

Employer identification number
51-6028916**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MILLCREEK FIRE COMPANY, LLC - 51-6028916 3808 KIRKWOOD HIGHWAY WILMINGTON, DE 19808	LESSOR	DELAWARE			MILL CREEK FIRE COMPANY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
b	Gift, grant, or capital contribution to related organization(s)		
c	Gift, grant, or capital contribution from related organization(s)		
d	Loans or loan guarantees to or for related organization(s)		
e	Loans or loan guarantees by related organization(s)		
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		
h	Purchase of assets from related organization(s)		
i	Exchange of assets with related organization(s)		
j	Lease of facilities, equipment, or other assets to related organization(s)		
k	Lease of facilities, equipment, or other assets from related organization(s)		
l	Performance of services or membership or fundraising solicitations for related organization(s)		
m	Performance of services or membership or fundraising solicitations by related organization(s)		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o	Sharing of paid employees with related organization(s)		
p	Reimbursement paid to related organization(s) for expenses		
q	Reimbursement paid by related organization(s) for expenses		
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	AMBULANCE EQUIPMENT	07/01/98	SL	5.00	16	7,270.				7,270.	7,270.		0.	7,270.
2	AED FOR AMBULANCE	08/01/99	SL	5.00	16	7,560.				7,560.	7,560.		0.	7,560.
3	AEDS FOR AMBULANCE	10/01/00	SL	5.00	16	10,780.				10,780.	10,780.		0.	10,780.
4	FULLY DEPR: PRIOR TO 1990	12/31/90	SL	5.00	16	94,274.				94,274.	94,274.		0.	94,274.
5	GAS GENERATOR	05/01/90	SL	10.00	16	5,990.				5,990.	5,990.		0.	5,990.
6	REFURBISH TRUCK	05/01/90	SL	20.00	16	9,955.				9,955.	9,955.		0.	9,955.
7	ELECTRIC GENERATOR	06/01/90	SL	10.00	16	5,833.				5,833.	5,833.		0.	5,833.
8	FIELD TRUCK	09/01/90	SL	20.00	16	35,220.				35,220.	35,220.		0.	35,220.
9	TRANSMISSION 21-6	06/01/91	SL	10.00	16	9,085.				9,085.	9,085.		0.	9,085.
10	EQUIPMENT FOR QUINT	06/01/91	SL	10.00	16	68,208.				68,208.	68,208.		0.	68,208.
11	FIRE EQUIPMENT	02/01/92	SL	10.00	16	12,947.				12,947.	12,947.		0.	12,947.
12	FIRE EQUIPMENT	03/01/92	SL	10.00	16	5,264.				5,264.	5,264.		0.	5,264.
13	FIRE EQUIPMENT	03/01/92	SL	10.00	16	5,795.				5,795.	5,795.		0.	5,795.
14	FIRE EQUIPMENT	04/01/92	SL	10.00	16	11,250.				11,250.	11,250.		0.	11,250.
15	ALTERNATIVE ALERT	05/01/92	SL	10.00	16	20,539.				20,539.	20,539.		0.	20,539.
16	2-0: 1992 FORD F350 FIELD UNIT W/ 35 GPM	06/01/92	SL	10.00	16	20,343.				20,343.	20,343.		0.	20,343.
17	RESCUE TRUCK EQUIPMENT	07/01/92	SL	10.00	16	17,905.				17,905.	17,905.		0.	17,905.
18	FIRE EQUIPMENT	07/01/92	SL	10.00	16	5,212.				5,212.	5,212.		0.	5,212.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	21-7: 1996 E-ONE 2000 75 QUINT AERIAL LADDER	08/01/96	SL	20.00	16	349,864.				349,864.	349,864.		0.	349,864.
20	RADIO EQUIPMENT	09/01/96	SL	5.00	16	26,044.				26,044.	26,044.		0.	26,044.
21	THERMAL IMAGING HELMET	12/01/97	SL	5.00	16	25,000.				25,000.	25,000.		0.	25,000.
22	FIRE TRUCK A-21	07/01/98	SL	10.00	16	75,085.				75,085.	75,085.		0.	75,085.
23	SCBA CHARGING SYSTEM	03/01/99	SL	5.00	16	35,926.				35,926.	35,926.		0.	35,926.
24	FIRE EQUIPMENT	06/01/99	SL	5.00	16	7,500.				7,500.	7,500.		0.	7,500.
25	FIRE EQUIPMENT	07/01/99	SL	5.00	16	20,832.				20,832.	20,832.		0.	20,832.
26	FIRE RESCUE SUITS	12/01/99	SL	5.00	16	21,200.				21,200.	21,200.		0.	21,200.
27	RADIO EQUIPMENT	06/01/00	SL	5.00	16	38,488.				38,488.	38,488.		0.	38,488.
28	VOICE AMPLIFIERS FOR AIR PAKS	12/01/00	SL	5.00	16	12,720.				12,720.	12,720.		0.	12,720.
29	RADIO COMMUNICATION SYSTEM	01/01/00	SL	5.00	16	6,315.				6,315.	6,315.		0.	6,315.
30	(21) MINITOR II PAGERS	12/01/00	SL	5.00	16	7,500.				7,500.	7,500.		0.	7,500.
31	CELLULAR FAX MACHINE	12/01/00	SL	5.00	16	6,600.				6,600.	6,600.		0.	6,600.
32	PAGER BACK-UP LINK SYSTEM	06/01/00	SL	5.00	16	4,240.				4,240.	4,240.		0.	4,240.
33	VOICE AMPS & SCOT AIR PAK UPGRADE	01/01/00	SL	5.00	16	31,454.				31,454.	31,454.		0.	31,454.
34	PRIOR TO 1985	01/01/85	SL	40.00	16	1,996,480.				1,996,480.	1,418,486.		49,912.	1,468,398.
35	BUILDING IMPROVEMENTS	12/01/97	SL	40.00	16	64,620.				64,620.	40,388.		1,616.	42,004.
36	NEW WINDOWS	12/01/97	SL	40.00	16	11,473.				11,473.	7,171.		287.	7,458.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	DISHWASHER	03/01/87	SL	10.00	16	7,280.				7,280.	7,280.		0.	7,280.
38	COMPUTER SYSTEM	07/01/97	SL	10.00	16	12,513.				12,513.	12,513.		0.	12,513.
39	BUILDING IMPROVEMENTS	07/01/98	SL	40.00	16	103,050.				103,050.	61,830.		2,576.	64,406.
40	ELECTRONIC DOOR LOCKING SYSTEM	06/01/00	SL	40.00	16	20,162.				20,162.	10,837.		504.	11,341.
41	PAVING/BLACKTOP PARKING LOT	08/01/00	SL	10.00	16	11,090.				11,090.	11,090.		0.	11,090.
42	LAND	01/01/80	L			550,000.				550,000.			0.	
43	(2) CAIRNS VIPER VISION SYSTEMS (W/ UPGRADE)	04/22/01	SL	5.00	16	34,500.				34,500.	34,500.		0.	34,500.
44	(2) AEDS	06/17/01	SL	5.00	16	4,469.				4,469.	4,469.		0.	4,469.
45	(1) 800 MHZ MOTOROLA RADIO	07/30/01	SL	5.00	16	3,385.				3,385.	3,385.		0.	3,385.
46	ROOFTOP HVAC UNIT	10/04/01	SL	10.00	16	6,831.				6,831.	6,831.		0.	6,831.
47	UPGRADE LOCKING SYSTEM	04/15/01	SL	10.00	16	6,461.				6,461.	6,461.		0.	6,461.
48	TELEPHONE SYSTEM	07/08/02	SL	7.00	16	6,191.				6,191.	6,191.		0.	6,191.
49	THERMAL IMAGERS	09/16/03	SL	5.00	16	21,000.				21,000.	21,000.		0.	21,000.
50	EXTERIOR RESTORATION	11/10/03	SL	40.00	16	5,375.				5,375.	2,441.		134.	2,575.
51	STAIR CHAIR	09/13/03	SL	5.00	16	1,895.				1,895.	1,895.		0.	1,895.
52	2 AED'S	09/27/03	SL	5.00	16	3,500.				3,500.	3,500.		0.	3,500.
53	FIRE HOSE	05/19/03	SL	5.00	16	4,140.				4,140.	4,140.		0.	4,140.
54	2 AKRON MONITORS	08/12/03	SL	5.00	16	3,508.				3,508.	3,508.		0.	3,508.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	PRESSURE WASHER	08/14/03	SL	5.00	16	3,975.				3,975.	3,975.		0.	3,975.
56	THERMAL IMAGER	12/11/03	SL	5.00	16	10,500.				10,500.	10,500.		0.	10,500.
57	10 PAGERS	12/15/03	SL	5.00	16	3,615.				3,615.	3,615.		0.	3,615.
58	PARKING LOT	12/30/98	SL	10.00	16	49,921.				49,921.	49,921.		0.	49,921.
59	DOOR LOCKING SYSTEM	08/30/00	SL	10.00	16	6,048.				6,048.	6,048.		0.	6,048.
60	IMPROV- HALL WOODWORK	06/06/00	SL	40.00	16	8,805.				8,805.	4,402.		220.	4,622.
61	PRINTER	05/16/01	SL	5.00	16	499.				499.	499.		0.	499.
62	BUILDING SIGN	10/20/03	SL	10.00	16	10,788.				10,788.	10,788.		0.	10,788.
63	COMPUTER	03/02/99	SL	5.00	16	2,600.				2,600.	2,600.		0.	2,600.
64	37 TABLES	01/15/01	SL	5.00	16	12,625.				12,625.	12,625.		0.	12,625.
65	DESK	05/31/01	SL	7.00	16	350.				350.	350.		0.	350.
66	FILE CABINET	05/31/01	SL	7.00	16	179.				179.	179.		0.	179.
67	12 TABLES	06/15/01	SL	5.00	16	1,972.				1,972.	1,972.		0.	1,972.
68	FLASHBOARD	05/15/01	SL	5.00	16	2,200.				2,200.	2,200.		0.	2,200.
69	2 RECLINING CHAIRS	02/14/03	SL	7.00	16	820.				820.	820.		0.	820.
70	BUILDING SIGN	03/17/04	SL	10.00	16	12,688.				12,688.	12,688.		0.	12,688.
71	ASTRO DIGITAL XTS5000 - 870 MH RADIO	09/30/04	SL	5.00	16	3,830.				3,830.	3,830.		0.	3,830.
72	ASTRO DIGITAL XTS5000 - 870 MZ RADIO	07/30/04	SL	5.00	16	3,848.				3,848.	3,848.		0.	3,848.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	ASTRO DIGITAL XTS 3000 RADIO	01/07/04	SL	5.00	16	3,839.				3,839.	3,839.		0.	3,839.
74	HOLMATRO RESCUE SYSTEM	08/13/04	SL	5.00	16	7,310.				7,310.	7,310.		0.	7,310.
75	(4) SCOTT RIT PAK II 4.5	09/07/04	SL	5.00	16	10,500.				10,500.	10,500.		0.	10,500.
21-62:	2004 WELLS CARGO													
76	MODEL TRAILER	03/16/04	SL	5.00	16	12,137.				12,137.	12,137.		0.	12,137.
21-10:	2004 FIRE SAFETY													
77	HOUSE- MODEL HD-3500	07/02/04	SL	10.00	16	60,277.				60,277.	60,277.		0.	60,277.
78	DELL COMPUTERS	02/10/04	SL	5.00	16	3,705.				3,705.	3,705.		0.	3,705.
79	AED LIFEPAK 500 X 2	04/04/04	SL	5.00	16	3,884.				3,884.	3,884.		0.	3,884.
INFANT/CHILD AED TRAINING														
80	DEVICE	06/01/04	SL	5.00	16	1,528.				1,528.	1,528.		0.	1,528.
81	AED LIFE PAK	11/14/04	SL	5.00	16	1,675.				1,675.	1,675.		0.	1,675.
82	HONDA PORTABLE GENERATOR	12/19/04	SL	5.00	16	1,475.				1,475.	1,475.		0.	1,475.
OFFICE FURNITURE AND FILING														
83	CABINETS	12/08/04	SL	7.00	16	16,875.				16,875.	16,875.		0.	16,875.
(2) HAND HELD PULSE														
84	OXIMETERS	04/17/05	SL	5.00	16	930.				930.	930.		0.	930.
85	XTS5000 PORTABLE RADIO (B-2)	06/06/05	SL	5.00	16	3,169.				3,169.	3,169.		0.	3,169.
86	XTS5000 PORTABLE RADIO (B-2)	06/06/05	SL	5.00	16	3,169.				3,169.	3,169.		0.	3,169.
87	STAIR PRO- MODEL 6252	06/06/05	SL	5.00	16	2,195.				2,195.	2,195.		0.	2,195.
88	MX-PRO R-3 AMBULANCE COT	06/06/05	SL	5.00	16	3,141.				3,141.	3,141.		0.	3,141.
89	LIFEPAK 500 AED	07/17/05	SL	5.00	16	1,675.				1,675.	1,675.		0.	1,675.
90	LIFEPAK 500 AED	07/17/05	SL	5.00	16	1,675.				1,675.	1,675.		0.	1,675.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	LIFEPAK 500 AED	07/17/05	SL	5.00	16	1,675.				1,675.	1,675.		0.	1,675.
92	LIFEPAK 500 AED	07/17/05	SL	5.00	16	1,675.				1,675.	1,675.		0.	1,675.
93	LIFEPAK 500 AED	07/17/05	SL	5.00	16	1,675.				1,675.	1,675.		0.	1,675.
94	15 LPM OXYGEN REGULATOR	09/04/05	SL	5.00	16	1,464.				1,464.	1,464.		0.	1,464.
95	6 LPM OXYGEN REGULATOR	09/04/05	SL	5.00	16	1,464.				1,464.	1,464.		0.	1,464.
96	2ND FLOOR RENOVATIONS TO STATION 21	06/01/05	SL	15.00	16	31,440.				31,440.	31,440.		0.	31,440.
97	HEATING SYSTEM- OIL INTERCEPTOR	02/25/05	SL	10.00	16	20,772.				20,772.	20,772.		0.	20,772.
98	(8) LAZY BOY RECLINERS	03/24/05	SL	7.00	16	4,430.				4,430.	4,430.		0.	4,430.
99	VIDEO CAMERA SECURITY SYSTEM	09/28/05	SL	5.00	16	3,000.				3,000.	3,000.		0.	3,000.
100	LARGE SCREEN TV AND STAND (STATION 2)	12/27/05	SL	5.00	16	1,882.				1,882.	1,882.		0.	1,882.
101	IMPROVEMENT TO WALK-IN FREEZER	03/20/05	SL	5.00	16	4,077.				4,077.	4,077.		0.	4,077.
102	TSU 21: 2005 F450 W/ READY UTILITY BODY	11/05/05	SL	5.00	16	79,596.				79,596.	79,596.		0.	79,596.
103	21-8: CHIEF'S 2006 FORD EXPEDITION	12/17/05	SL	5.00	16	46,776.				46,776.	46,776.		0.	46,776.
104	21-8-1: COMMAND 21 2006 FORD EXPEDITION	12/17/05	SL	5.00	16	50,494.				50,494.	50,494.		0.	50,494.
105	21-2: 1972 SEAGRAVE 1500 GPM PUMPER	12/27/72	SL	10.00	16	39,105.				39,105.	39,105.		0.	39,105.
106	COMPUTER/PRINTER	05/16/06	SL	5.00	16	738.				738.	738.		0.	738.
107	BATHROOM RENOVATIONS	07/16/06	SL	40.00	16	19,553.				19,553.	7,536.		489.	8,025.
108	TELEVISION	10/06/06	SL	5.00	16	2,500.				2,500.	2,500.		0.	2,500.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	MOTOROLA RADIO 1-15	01/15/06	SL	5.00	16	3,388.				3,388.	3,388.		0.	3,388.
110	LIFEPAK 500	03/18/06	SL	5.00	16	1,640.				1,640.	1,640.		0.	1,640.
111	LIFEPAK 500	03/18/06	SL	5.00	16	1,640.				1,640.	1,640.		0.	1,640.
112	LIFEPAK 500	03/18/06	SL	5.00	16	1,640.				1,640.	1,640.		0.	1,640.
113	LIFE PAK EXPRESS	05/13/06	SL	5.00	16	1,152.				1,152.	1,152.		0.	1,152.
114	RAD-57 HANDHELD PULSE OX	08/20/06	SL	5.00	16	3,008.				3,008.	3,008.		0.	3,008.
115	RAD-57 HANDHELD PULSE OX	08/20/06	SL	5.00	16	3,008.				3,008.	3,008.		0.	3,008.
116	RAD-57 HANDHELD PULSE OX	08/20/06	SL	5.00	16	3,008.				3,008.	3,008.		0.	3,008.
117	COMPUTER- LADIES OFFICE	04/30/06	SL	5.00	16	559.				559.	559.		0.	559.
118	19" COMPUTER MONITOR- CHAMBERS	04/30/06	SL	5.00	16	339.				339.	339.		0.	339.
119	COMPUTER- CHIEFS OFFICE	04/30/06	SL	5.00	16	1,008.				1,008.	1,008.		0.	1,008.
120	COMPUTER	11/26/06	SL	5.00	16	1,426.				1,426.	1,426.		0.	1,426.
121	DPL PROJECTOR	11/26/06	SL	5.00	16	849.				849.	849.		0.	849.
122	E-ONE CHASSIS PUMPER 2-6	04/14/06	SL	15.00	16	391,177.				391,177.	391,177.		0.	391,177.
123	2006 FORD VAN	02/05/07	SL	5.00	16	2,000.				2,000.	2,000.		0.	2,000.
124	SIDEWALK, CURBING & PAVING- ST 2	06/17/07	SL	40.00	16	19,550.				19,550.	7,087.		489.	7,576.
125	(2) STRETCHERS (COTS)	04/15/07	SL	5.00	16	19,732.				19,732.	19,732.		0.	19,732.
126	HOLMATRO TOOL	01/15/07	200DB	5.00	HY17	9,168.				9,168.	9,168.		0.	9,168.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	AMB: 2007 CHEVY C4500	06/06/07	SL	5.00	16	209,625.				209,625.	209,625.		0.	209,625.	
129	(2) DELL COMPUTERS	11/18/08	SL	5.00	16	2,250.				2,250.	2,250.		0.	2,250.	
130	SHARP AR-M450 COPIER	05/09/08	SL	5.00	16	3,356.				3,356.	3,356.		0.	3,356.	
131	SHARP AR-M450 COPIER	05/09/08	SL	5.00	16	3,356.				3,356.	3,356.		0.	3,356.	
132	GENERATOR - SAFTEY HOUSE	07/22/09	SL	5.00	16	2,549.				2,549.	2,549.		0.	2,549.	
133	HONDA SNOW BLOWER	12/26/09	SL	5.00	16	2,299.				2,299.	2,299.		0.	2,299.	
134	SECURITY CAMERA	04/18/09	SL	5.00	16	3,450.				3,450.	3,450.		0.	3,450.	
135	4 SCBA UNITS	08/16/09	SL	7.00	16	20,740.				20,740.	20,493.		0.	20,493.	
136	POWER PRO AMBULANCE COT	02/07/10	SL	5.00	16	12,300.				12,300.	12,300.		0.	12,300.	
137	DELL LAPTOP COMPUTER	06/07/10	SL	5.00	16	1,288.				1,288.	1,288.		0.	1,288.	
138	DELL LAPTOP COMPUTER	06/07/10	SL	5.00	16	1,288.				1,288.	1,288.		0.	1,288.	
139	DELL LAPTOP COMPUTER	06/07/10	SL	5.00	16	1,288.				1,288.	1,288.		0.	1,288.	
140	STAIR PRO- MODEL 6252	12/31/10	SL	5.00	16	2,300.				2,300.	2,300.		0.	2,300.	
141	DELL POWER SERVER	09/04/10	SL	5.00	16	3,275.				3,275.	3,275.		0.	3,275.	
142	2009 CHEVY C-450 AMBULANCE	12/15/10	SL	5.00	16	146,872.				146,872.	146,872.		0.	146,872.	
143	HYDRUS MOBILE SKID PUMP	05/14/11	200DB	5.00	MQ17	28,000.				28,000.	28,000.		0.	28,000.	
144	2012 CHEVY 3500HD TRUCK	12/03/11	200DB	5.00	MQ17	37,945.				37,945.	37,945.		0.	37,945.	
145	DELL COMPUTER	01/22/12	SL	5.00	16	4,194.				4,194.	4,194.		0.	4,194.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
146	ECLIPSE THERMAL IMAGER (4)	11/06/12	SL	10.00	16	30,000.				30,000.	27,500.		2,500.	30,000.
147	HVAC	12/03/12	SL	10.00	16	5,819.				5,819.	5,286.		533.	5,819.
148	HURST MOC COMBO TOOL	10/30/12	SL	5.00	16	14,625.				14,625.	14,625.		0.	14,625.
149	EPDM RUBBER ROOF SYSTEM OVER THE HALL	01/31/12	SL	15.00	16	30,475.				30,475.	20,148.		2,032.	22,180.
150	HURST MINI TOOL	06/18/13	SL	5.00	16	3,045.				3,045.	3,045.		0.	3,045.
151	TRAINING MANNEQUIN	11/03/13	SL	5.00	16	2,767.				2,767.	2,767.		0.	2,767.
152	C/R/C 70" KEG COOLER	06/01/13	SL	5.00	16	2,900.				2,900.	2,900.		0.	2,900.
153	ELECTRIC SCISSOR LIFT	12/21/13	SL	5.00	16	6,100.				6,100.	6,100.		0.	6,100.
154	CUSTOM KITCHEN TABLE	12/31/13	SL	5.00	16	4,900.				4,900.	4,900.		0.	4,900.
155	LOCKERS	12/31/13	SL	5.00	16	23,260.				23,260.	23,260.		0.	23,260.
156	PROJECTOR	12/31/13	SL	5.00	16	2,270.				2,270.	2,270.		0.	2,270.
157	ICE MACHINE	12/31/13	SL	5.00	16	2,006.				2,006.	2,006.		0.	2,006.
158	(4) DESKS AND RETURNS	12/31/13	SL	7.00	16	2,776.				2,776.	2,776.		0.	2,776.
159	(4) LATERAL FILING CABINETS	12/31/13	SL	5.00	16	1,580.				1,580.	1,580.		0.	1,580.
160	KITCHEN AID RANGE	12/31/13	SL	7.00	16	818.				818.	818.		0.	818.
161	KITCHEN AID DISHWASHER	12/31/13	SL	5.00	16	799.				799.	799.		0.	799.
162	KITCHEN AID REFIGERATOR	12/31/13	SL	5.00	16	1,750.				1,750.	1,750.		0.	1,750.
163	KITCHEN AID MICROWAVE & VENTILATION HOOD	12/31/13	SL	5.00	16	805.				805.	805.		0.	805.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
164	TELEVISION	12/31/13	SL	5.00	16	4,219.				4,219.	4,219.		0.	4,219.
165	(3) DESKS	12/31/13	SL	7.00	16	3,013.				3,013.	3,013.		0.	3,013.
166	ENTERTAINMENT CONSOLE	12/31/13	SL	7.00	16	1,125.				1,125.	1,125.		0.	1,125.
167	(9) LAZY BOY RECLINERS	12/31/13	SL	7.00	16	6,516.				6,516.	6,516.		0.	6,516.
168	ENTERTAINMENT SYSTEM	12/31/13	SL	5.00	16	3,352.				3,352.	3,352.		0.	3,352.
169	(4) RECLINERS - LA	12/31/13	SL	7.00	16	2,520.				2,520.	2,520.		0.	2,520.
170	RECLINING SOFA- LA	12/31/13	SL	7.00	16	1,120.				1,120.	1,120.		0.	1,120.
171	DESK & CHAIR- LA	12/31/13	SL	7.00	16	1,092.				1,092.	1,092.		0.	1,092.
172	ENTERTAINMENT CONSOLE- LA	12/31/13	SL	7.00	16	993.				993.	993.		0.	993.
173	CANNONIR-3235 NETWORK COPIER	12/31/13	SL	5.00	16	2,700.				2,700.	2,700.		0.	2,700.
174	SECURITY SYSTEM- DOOR LOCKS	12/31/13	SL	40.00	16	21,628.				21,628.	4,326.		541.	4,867.
175	SECURITY SYSTEM- CAMERA SYSTEM	12/31/13	SL	7.00	16	19,181.				19,181.	19,181.		0.	19,181.
176	FLAMMABLE SAFETY CABINET	01/18/14	SL	7.00	16	1,220.				1,220.	1,221.		-1.	1,220.
177	SPIRIT CT800 TREADMILL	06/07/14	SL	5.00	16	2,859.				2,859.	2,859.		0.	2,859.
178	SAMSUNG 60" TV	08/03/14	SL	5.00	16	1,234.				1,234.	1,234.		0.	1,234.
179	PRO S A/C ICE MACHINE	08/09/14	SL	5.00	16	2,619.				2,619.	2,619.		0.	2,619.
180	2-DOOR FREEZER	12/29/14	SL	5.00	16	2,249.				2,249.	2,249.		0.	2,249.
181	SPIRIT CE800 ELLIPTICAL	05/09/14	SL	5.00	16	2,399.				2,399.	2,399.		0.	2,399.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
182	FIRE STATION 21- 3808 KIRKWOOD HIGHWAY	01/31/14	SL	40.00	16	6,371,187.				6,371,187.	1,260,965.		159,280.	1,420,245.
183	ROOF	07/28/15	SL	40.00	16	98,558.				98,558.	15,810.		2,464.	18,274.
184	GENERATOR	04/04/15	SL	5.00	16	9,408.				9,408.	9,408.		0.	9,408.
185	HONDA GENERATOR	10/16/15	SL	5.00	16	5,609.				5,609.	5,609.		0.	5,609.
186	BRUSH RAPID ATTACK TRUCK	04/27/15	SL	10.00	16	198,159.				198,159.	132,106.		19,816.	151,922.
187	EXCALIBUR AMBULANCE	02/01/15	SL	10.00	16	185,566.				185,566.	128,350.		18,557.	146,907.
188	2015 PIERCE ARROW XL	01/01/16	SL	15.00	16	1,005,998.				1,005,998.	402,400.		67,067.	469,467.
189	2016 CHEVY TAHOE - CHIEF	08/30/16	SL	10.00	16	53,763.				53,763.	28,673.		5,376.	34,049.
190	2016 CHEVY TAHOE - COMMAND 21	09/17/16	SL	10.00	16	58,310.				58,310.	30,613.		5,831.	36,444.
191	3 STRYKER POWER COT	02/14/16	SL	5.00	16	10,485.				10,485.	10,485.		0.	10,485.
192	6 AED'S	06/05/16	SL	5.00	16	13,656.				13,656.	13,656.		0.	13,656.
193	4 LUCAS MACHINES	12/23/16	SL	5.00	16	52,316.				52,316.	52,316.		0.	52,316.
194	RADIOS, FACEPLATES & CHARGERS IN AMBULANCES	08/04/17	SL	5.00	16	185,073.				185,073.	163,481.		21,592.	185,073.
195	PHB - BATHROOM IMPROVEMENTS	02/12/17	SL	40.00	16	58,046.				58,046.	7,135.		1,451.	8,586.
196	2017 E450 FORD AMBULANCE	07/10/17	SL	10.00	16	184,677.				184,677.	83,105.		18,468.	101,573.
197	2018 CHEVY SILVERADO U-2	11/23/17	SL	7.00	MO17	41,357.				41,357.	24,371.		5,908.	30,279.
198	STRYKER MEDICAL - STRETCHER	06/01/17	SL	5.00	16	37,786.				37,786.	34,637.		3,149.	37,786.
199	B2 MEDALLION AMBULANCE 2018 FORD E450	11/01/18	SL	10.00	MO17	238,682.				238,682.	75,280.		23,767.	99,047.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
200	CHAMBERS HALL ROOF	07/01/18	SL	39.00	MM16	41,007.				41,007.	3,680.		1,051.	4,731.
201	CHAMBERS HALL DOOR LOCKING SYSTEM	07/05/18	SL	10.00	16	7,009.				7,009.	2,453.		701.	3,154.
202	CHAMBERS HALL HVAC	08/01/18	SL	10.00	16	10,687.				10,687.	3,652.		1,069.	4,721.
203	2019 PL CUSTOM FORD AMBULANCE	10/01/19	SL	10.00	16	266,682.				266,682.	60,003.		26,668.	86,671.
204	2019 PIERCE PUMPER FIRE APPARATUS WITH EQUIPMENT	10/01/19	SL	15.00	16	825,774.				825,774.	123,867.		55,052.	178,919.
205	2018 DODGE GRAND CARAVAN	05/08/19	SL	7.00	16	24,955.				24,955.	9,507.		3,565.	13,072.
206	FIREFIGHTING THERMAL IMAGING EQUIPMENT	07/13/19	SL	10.00	16	72,500.				72,500.	18,125.		7,250.	25,375.
207	2 RTU UNITS	03/02/19	SL	10.00	16	15,152.				15,152.	4,293.		1,515.	5,808.
208	PARKING LOT CURB JOB	12/01/19	SL	40.00	16	111,150.				111,150.	5,789.		2,779.	8,568.
209	COMPUTER SERVER	03/30/19	SL	5.00	16	11,103.				11,103.	6,107.		2,221.	8,328.
210	HVAC (RTU 8 COMMUNITY ROOM)	10/31/20	SL	10.00	16	8,824.				8,824.	1,029.		882.	1,911.
211	HVAC UNIT (RTU 10 2ND FLOOR)	12/07/20	SL	10.00	16	8,824.				8,824.	956.		882.	1,838.
212	2019 PIERCE RESCUE PUMPER FIRE APPARATUS WITH EQUIPMENT	02/20/20	SL	15.00	16	863,706.				863,706.	105,564.		57,580.	163,144.
213	ALERT SYSTEM	11/15/20	SL	5.00	16	28,072.				28,072.	6,550.		5,614.	12,164.
214	SELF CONTAINED BREATHING APPARATUS (SCBA) *COVID*	04/18/21	SL	15.00	HY17	421,631.				421,631.	14,054.		28,109.	42,163.
215	STRYKER STAIR CHAIR	12/05/21	200DB	5.00	HY17	3,451.				3,451.	690.		1,104.	1,794.
216	QUICK DISCONNECT REGULATOR *COVID*	02/22/21	SL	5.00	16	46,470.				46,470.	7,745.		9,294.	17,039.
217	(6) AED'S	12/05/21	SL	5.00	16	13,079.				13,079.	218.		2,616.	2,834.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
218	LAND IMPROVEMENTS SKYLINE DRIVE	12/26/21	SL	15.00		16	21,650.				21,650.			1,443.	1,443.
	* TOTAL 990 PAGE 10 DEPR						17264622.				17264622.	7,237,144.		623,953.	7,861,097.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name	MILL CREEK FIRE COMPANY, INC	Employer Identification Number 51-6028916
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - HALL RENTAL INCOME 64,150.

FEDERAL PRE-2018 NET OPERATING LOSS 2,066.

219341
04-01-22

15460918 793123 60255

37.14
2022.04020 MILL CREEK FIRE COMPANY, IN 60255 1

Name: MILL CREEK FIRE COMPANY, INC

FEIN: 51-6028916

DETAIL CARRYOVER SCHEDULE											
Type and Entity: HALL RENTAL INCOME POST-2017 NOL FE			Section 382 Annual Limitation								
Section 382 Annual Limitation			Section 382 Carryover								
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	21,233.	_____	_____	_____	_____	_____	_____	_____	_____	_____
B	2019	19,576.	_____	_____	_____	_____	_____	_____	_____	_____	_____
C	2020	15,760.	_____	_____	_____	_____	_____	_____	_____	_____	_____
D	2022	7,581.	_____	_____	_____	_____	_____	_____	_____	_____	_____
E											
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W											
Detail Type	E S B C	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A											
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Name: MILL CREEK FIRE COMPANY, INC

FEIN: 51-6028916

DETAIL CARRYOVER SCHEDULE											
Type and Entity: PRE-2018 NOL FED			Section 382 Annual Limitation Section 382 Carryover								
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for							
A	2015	1,348.	1,348.	1,348.							
B	2016	660.	660.	660.							
C	2017	5,947.	3,881.	3,881.							
D											
E											
F											
G											
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Detail Type	E S B C	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____	Amount Used for ____
A											
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TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2022

Prepared for	MILL CREEK FIRE COMPANY, INC 3808 KIRKWOOD HIGHWAY WILMINGTON, DE 19808
Prepared by	AKA ADVISORY, LLC 1701 SHALLCROSS AVE, STE D WILMINGTON, DE 19806
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2022

Name of filer

MILL CREEK FIRE COMPANY, INC

EIN or SSN

51-6028916

Name and title of officer or person subject to tax DOUGLAS MANLEY
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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
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 checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
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

2022 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 AKA ADVISORY, LLC

ERO firm name

to enter my PIN 08916

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2022 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 2022 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

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.

51077742431

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 AKA ADVISORY, LLC

Date

09/18/23

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____.

2022

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)			D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	MILL CREEK FIRE COMPANY, INC Number, street, and room or suite no. If a P.O. box, see instructions. 3808 KIRKWOOD HIGHWAY City or town, state or province, country, and ZIP or foreign postal code WILMINGTON, DE 19808			E Group exemption number (see instructions)
C Book value of all assets at end of year 16,696,913.			F <input type="checkbox"/> Check box if an amended return.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university				
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.				
L The books are in care of THE ORGANIZATION			Telephone number 302-998-8911	
Part I Total Unrelated Business Taxable Income				
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.		
2 Reserved	2			
3 Add lines 1 and 2	3			
4 Charitable contributions (see instructions for limitation rules)	4	0.		
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5			
6 Deduction for net operating loss. See instructions	6	0.		
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7			
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.		
9 Trusts. Section 199A deduction. See instructions	9			
10 Total deductions. Add lines 8 and 9	10	1,000.		
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.		

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.		
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2			
3 Proxy tax. See instructions	3			
4 Other tax amounts. See instructions	4			
5 Alternative minimum tax (trusts only)	5			
6 Tax on noncompliant facility income. See instructions	6			
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.		

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	0.	
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total _____	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax _____ Refunded _____	11		

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

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____ If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year _____ \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ 2,066. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code 532000	Available post-2017 NOL carryover \$ 56,569.	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name RENEE A VILLANO, CPA	Preparer's signature RENEE A VILLANO, CPA	Date 09/18/23	Check <input type="checkbox"/> if self-employed	PTIN P00270347
	Firm's name AKA ADVISORY, LLC			Firm's EIN 26-0645306	
	Firm's address 1701 SHALLCROSS AVE, STE D			Phone no. (302) 230-7171	
	Firm's address WILMINGTON, DE 19806				

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	1,348.	1,348.	0.	0.
12/31/16	660.	660.	0.	0.
12/31/17	5,947.	3,881.	2,066.	2,066.
NOL CARRYOVER AVAILABLE THIS YEAR			2,066.	2,066.

COPY

SCHEDULE A
(Form 990-T)**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization MILL CREEK FIRE COMPANY, INC	B Employer identification number 51-6028916
C Unrelated business activity code (see instructions) 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business **HALL RENTAL INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	33,291.			
b Less returns and allowances		c Balance		
2 Cost of goods sold (Part III, line 8)		2 31,254.		
3 Gross profit. Subtract line 2 from line 1c		3 2,037.		2,037.
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions				
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)				
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)				
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 2,037.		2,037.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1
2 Salaries and wages	2
3 Repairs and maintenance	3
4 Bad debts	4
5 Interest (attach statement). See instructions	5
6 Taxes and licenses	6
7 Depreciation (attach Form 4562). See instructions	7
8 Less depreciation claimed in Part III and elsewhere on return	8a
9 Depletion	9
10 Contributions to deferred compensation plans	10
11 Employee benefit programs	11
12 Excess exempt expenses (Part VIII)	12
13 Excess readership costs (Part IX)	13
14 Other deductions (attach statement)	14 9,618.
15 Total deductions. Add lines 1 through 14	15 9,618.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16 -7,581.
17 Deduction for net operating loss. See instructions	17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18 -7,581.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold		Enter method of inventory valuation	COST
1	Inventory at beginning of year		1 0.
2	Purchases		2 10,243.
3	Cost of labor		3 0.
4	Additional section 263A costs (attach statement)		4 0.
5	Other costs (attach statement)		5 21,011.
6	Total. Add lines 1 through 5		6 31,254.
7	Inventory at end of year		7 0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		8 31,254.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

2	Rent received or accrued				
		A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

2	Gross income from or allocable to debt-financed property				
		A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, and Rents from Controlled Organizations (see instructions)

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0 .	0 .	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
Add amounts in column 2. Enter here and on Part I, line 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0 .		0 .

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	2
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5
5 Gross income from activity that is not unrelated business income	6
6 Expenses attributable to income entered on line 5	7
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A _____

B _____

C _____

D _____

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

3 Direct advertising costs by periodical **a** Add columns A through D. Enter here and on Part I, line 11, column (B) 0 ..

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than

7 EXCESS leadership costs: If line 5 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of
Part II, line 13

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT

2

DESCRIPTION	AMOUNT
CLEANING & MAINTENANCE	6,358.
HALL EXPENSES	61.
UTILITIES	133.
ADMINISTRATION EXPENSES	80.
BARTENDERS	2,197.
DEPRECIATION	776.
INSURANCE	13.
TOTAL TO SCHEDULE A, PART II, LINE 14	9,618.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	21,233.	0.	21,233.	21,233.
12/31/19	19,576.	0.	19,576.	19,576.
12/31/20	15,760.	0.	15,760.	15,760.
NOL CARRYOVER AVAILABLE THIS YEAR			56,569.	56,569.

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
SUPPLIES		21,011.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5		21,011.

COPY

MILL CREEK FIRE COMPANY, INC

FORM 990 PAGE 10

51-6028916

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	1,080,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
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 2021 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2023. 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.)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	565,065.

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 2022	17	58,888.
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 2022 Tax Year Using the General Depreciation System						
(a) Classification of property	(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 Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 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	

Part IV Summary (See instructions.)		
21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	623,953.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

⋮⋮	%							
⋮⋮	%							
⋮⋮	%							

27 Property used 50% or less in a qualified business use:

⋮⋮	%				S/L -			
⋮⋮	%				S/L -			
⋮⋮	%				S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

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.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2022 tax year:

⋮⋮					
⋮⋮					

43 Amortization of costs that began before your 2022 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44