Return of Organization Exempt From Income Tax

Under 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.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending В Check if applicable: C Name of organization D Employer identification number Address change MILL CREEK FIRE COMPANY, INC _____Name _____change 51-6028916 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 302-998-8911 3808 KIRKWOOD HIGHWAY termin-ated 4,306,716. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WILMINGTON, DE 19808 H(a) Is this a group return Applica-F Name and address of principal officer: JOHN LLOYD for subordinates? Yes X No pending 3808 KIRKWOOD HIGHWAY, WILMINGTON, DE 19808 H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c)) < (insert no.) ____ 4947(a)(1) or 527 J Website: WWW.MILLCREEKFIRECO.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1927 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0 1 Activities & Governance Check this box
 if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 18 Number of voting members of the governing body (Part VI, line 1a) 3 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 66 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 208 6 6 Total number of volunteers (estimate if necessary) 28,487. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 2,121,895. 2,105,009. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,293,552. 1,224,588. Program service revenue (Part VIII, line 2g) 9 199,438. 674,014. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 65,055. 31,234. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,051,731. 3,663,054. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 257,400. 282,098. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,479,778. 1,546,515. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. 53,020. b Total fundraising expenses (Part IX, column (D), line 25) 1,721,317. 1,628,303. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,365,481. 3,549,930. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 501,801. 297,573. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances Beginning of Current Year End of Year 18,094,359. 18,843,168. 20 Total assets (Part X, line 16) 3,899,230. 3,418,805. **21** Total liabilities (Part X, line 26) Net / 14,195,129. 15,424,363. 22 Net assets or fund balances. Subtract line 21 from line 20 ... 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 JOHN LLOYD, PRESIDENT Type or print name and title		Date								
	Print/Type preparer's name	Preparer's signature	Uncok	PTIN							
Paid	RENEE A VILLANO, CPA	RENEE A VILLANO, C		0270347							
Preparer	Firm's name 💊 ALBERO , KUPFERMA	AN & ASSOCIATES, LL	C Firm's EIN 26 - C	0645306							
Use Only	Firm's address 1701 SHALLCROSS	AVE, STE D									
	WILMINGTON, DE 1	L9806	Phone no. (302)	230-7171							
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

	990 (2021) MILL CREEK FIRE COMPANY, INC	51-6028916	Page
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	L
•	TO IMPROVE THE QUALITY OF LIFE OF THE RESIDENTS AND V	ISITORS WITHIN	ſ
	THE MILL CREEK FIRE DISTRICT AND MUTUAL-AID DISTRICTS	BY PROVIDING	
	PROTECTION OF LIFE AND PROPERTY THREATENED BY MEDICAL		_
	FIRES, ACCIDENTS AND SEVERE WEATHER CONDITIONS. OUR S		E
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X
	prior Form 990 or 990-EZ? 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 servi	ces? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses,	and
4 -	revenue, if any, for each program service reported. (Code:)(Expenses \$ 1,145,418 • including grants of \$)(
4a	(Code:)(Expenses \$ 1,145,418 • including grants of \$)(TO PROVIDE FIRE RESCUE OPERATIONS IN THEIR COMMUNITY	Revenue \$ AND EDUCATE TH	E
	PUBLIC ON FIRE SAFETY.		
			101
4b		Revenue \$ 1,196,	
	PROVIDE EMERGENCY MEDICAL SERVICES AND AMBULANCE TRAN COMMUNITY.	SPORT TO THEIR	•
	COMMONITI:		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 3,400,686.)	
4e	Total program service expenses ► 3,400,686.	Form 9	90 (2)
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	2		
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Form	990	(2021)

Part IV Checklist of Required Schedules

MILL CREEK FIRE COMPANY, INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
-	If "Yes," complete Schedule A			
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions			x
3				x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 23
U	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	14b		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	15		х
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	16		Х
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	17		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	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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3 2021.04030 MILL CREEK FIRE COMPANY, IN 60255__1 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			x
	Schedule J	23		
24 a	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	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	200		
-	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	1		
	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			- v
~	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 11
C	"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	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
81	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
85a	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			- v
	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?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(0.6.7
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Form 990	
Part V	Sta

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	66			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	l
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	Х	Ι
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				T
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		l
	If "Yes," enter the name of the foreign country				T
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				L
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		I
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		t
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		t
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so				t
	any contributions that were not tax deductible as charitable contributions?		6a		I
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		54		t
5			64		I
7	were not tax deductible?		6b		+
	Organizations that may receive deductible contributions under section 170(c).	10 0000-0	7-		l
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the local did the organization parties and the value of the value of the second exception parties and services are set of the value of the value of the second exception of the value of		7a 7h		╀
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		╀
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		ļ
	If "Yes," indicate the number of Forms 8282 filed during the year7d				1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	ired?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				ſ
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				ſ
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		ſ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		T
	Section 501(c)(7) organizations. Enter:				t
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				I
	Gross income from members or shareholders				I
	Gross income from other sources. (Do not net amounts due or paid to other sources against				I
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		I
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		izd		t
					I
	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		╀
	Is the organization licensed to issue qualified health plans in more than one state?		13a		╀
	Note: See the instructions for additional information the organization must report on Schedule O.				I
	Enter the amount of reserves the organization is required to maintain by the states in which the				I
	organization is licensed to issue qualified health plans 13b				1
	Enter the amount of reserves on hand 13c				ļ
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		ļ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		ļ
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				I
	excess parachute payment(s) during the year?		15		l
	If "Yes," see the instructions and file Form 4720, Schedule N.				ſ
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Γ
	If "Yes," complete Form 4720, Schedule O.				t
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				Γ
7			17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				

Form 990	(2021)
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MILL CREEK FIRE COMPANY, INC

X

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.

ec	tion A. Governing Body and Management					-
		1.1	1 0		Yes	Ļ
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			l
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		18			l
	Enter the number of voting members included on line 1a, above, who are independent		10			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					ł
	officer, director, trustee, or key employee?			2		ļ
3	Did the organization delegate control over management duties customarily performed by or under t					l
	of officers, directors, trustees, or key employees to a management company or other person? \dots			3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form			4		ļ
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		ļ
6	Did the organization have members or stockholders?			6	Х	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					l
	more members of the governing body?			7a	Х	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					l
	persons other than the governing body?			7b		l
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					l
	The governing body?			8a	Х	ļ
	Each committee with authority to act on behalf of the governing body?			8b	Х	ĺ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the				l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)				
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates	б,			Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a		T
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					T
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					t
	on Schedule O how this was done			12c	Х	I
3	Did the organization have a written whistleblower policy?			13		t
4	Did the organization have a written document retention and destruction policy?			14		t
5	Did the process for determining compensation of the following persons include a review and appro-					t
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					l
а	The organization's CEO, Executive Director, or top management official			15a		ľ
	Other officers or key employees of the organization			15b	х	t
0	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			155		t
60	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	omont with a				I
Ud				16-		l
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			16a		╉
D			on			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			104		l
~~	exempt status with respect to such arrangements?			16b		1
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE					
		and 000 T (+'	a 501/a)/0)	0.001-3) 0.15	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (section	n 501(c)(3)	s only) avali	12
	for public inspection. Indicate how you made these available. Check all that apply.					
_		in on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interest	policy, an	d finar	ncial	
_	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	▶			
	THE ORGANIZATION - 302-998-8911					
	2000 WIDWHOOD HIGHLING WITHMINGTON DE 10000					
	3808 KIRKWOOD HIGHWAY, WILMINGTON, DE 19808				990	_

2021.04030 MILL CREEK FIRE COMPANY, IN 60255__1

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• 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.

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

(A)	(B)	(C)					(D)	(F)		
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable Reportable		
	hours per	box	, unle	ss pe	erson is both an lirector/trustee)		h an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	or director				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	er	emplo	lest co	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JOHN LLOYD	5.00					<u> </u>				
PRESIDENT / DIRECTOR		Х		X				0.	0.	0.
(2) MICHAEL LENNON	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(3) BARBARA BURCHMAN	2.00									
TREASURER / DIRECTOR		Х		Х				0.	0.	0.
(4) DOUG MANLEY	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(5) EDWARD WEINSTEIN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DEAN SIMPSON	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(7) MARK DOLAN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) WILLIAM MEEHAN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JOSEPH STEWART SR	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DONALD BROWN	2.00									_
FINANCIAL SECRETARY/DIRECTOR		Х						0.	0.	0.
(11) JACK WARWICK	2.00									_
DIRECTOR		Х						0.	0.	0.
(12) RANDALL DOTSON	2.00									
DIRECTOR		X						0.	0.	0.
(13) NICHOLAS BARONIE	2.00									
FIRE CHIEF/DIRECTOR		Х						0.	0.	0.
(14) BARRY KELLY	2.00									
SECRETARY				х				0.	0.	0.
(15) ROB ELKINS	2.00									_
ASSISTANT TREASURER				х				0.	0.	0.
(16) KELLY MACVEIGH	2.00									
ASSISTANT SECRETARY				X				0.	0.	0.
(17) ED KYLE	2.00							_		-
ASSISTANT SERGEANT AT ARMS				Х				0.	0.	0.
132007 12-09-21						_				Form 990 (2021)

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7 2021.04030 MILL CREEK FIRE COMPANY, IN 60255_1

	990 (202	21) MILL CRE	EK FIRE	CC	OMI	PAN	VY	, -	ΕN	C	51-60	28	<u>916</u>	Pa	age 8
Par	t VII _S a	ection A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A)	(B)			(0		-		(D)	(E)			(F)	
		Name and title	Average			Pos	ition	ı		Reportable	Reportable		Fs	timate	h
			hours per			heck ss pe					compensation	,		nount	
			week			nd a d				from	from related	·		other	01
			(list any	tor						the	organizations			pensa	tion
			hours for	direc				Ð		organization	(W-2/1099-MIS			om the	
			related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	-		anizati	
			organizations	ruste	ll trus		ee	mper		1099-NEC)			•	d relate	
			below	dual t	tion	_	lold	st co yee	-					nizatio	
			line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
(18)	TOWN	CAMPANELLA	2.00		-	0	ž	ᆂᅙ	<u> </u>						
			2.00	-		x				0					Δ
SERG	EANT A	I' ARMS		<u> </u>		^				0.		0.			0.
				1											
												-+			
				1											
												\rightarrow			
				4											
				1											
												\rightarrow			
				1		4									
				<u> </u>					-			\rightarrow			
												-			-
1b	Subtota	al								0.		0.			0.
с	Total fr	om continuation sheets to Part V	II, Section A							0.		0.			0.
		dd lines 1b and 1c)		_						0.		0.			0.
		mber of individuals (including but		-						received more than \$100	000 of reportable	L			
-		isation from the organization		1030	iiste	Ju ai	0000	<i>c)</i> wi	101						0
	compen													Yes	No
_												г		165	
3		organization list any former officer													
	line 1a?	If "Yes," complete Schedule J for	such individual										3		Х
4		individual listed on line 1a, is the s													
	and rela	ted organizations greater than \$15	50.000? If "Yes.	" со	mple	ete S	Sche	edule	e J i	for such individual			4		Х
5		person listed on line 1a receive or									dual for services				
•	-	d to the organization? If "Yes," con	-				-			-		- 1	5		Х
Sec		d to the organization? in res, con idependent Contractors		01	01 30	JUIT	pera	5011					5		
		•									<u></u>				
1		te this table for your five highest co										bensa	ation t	rom	
	the orga	inization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithi	n the organization's tax	year.				
		(A)			_					(B)		_	(C		
		Name and business	s address	NC	ONI	3				Description of s	ervices	C	omper	Isatio	n
									_						
2	Total pr	mber of independent contractors	(including but a		mita	d + 2	the	60 li	stor	l abovo) who received m	oro than				
2				IOL III	me	u 10		se 11: D	5180	above, who received ff					
	\$100,0C	0 of compensation from the organ	ization 🕨					0						0000	
													Form 9	JAN (5	2021)

132008 12-09-21

			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, andsimilar amounts not included above1fNoncash contributions included in lines 1a-1f1g	,869,705. 252,190.				
an C		h	Total. Add lines 1a-1f		2,121,895.			
Program Service Revenue	2	a b c d	AMBULANCE BILLING CHAMBERS HALL RENTAL	Business Code 621910 532000	1,196,101. 28,487.	1,196,101.	28,487.	
ogr B		е						
P		f	All other program service revenue					
			Total. Add lines 2a-2f		1,224,588.			
	3 4 5		Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	51,548.			51,548.
	6	b c	Gross rents(i) RealGross rents6a32,930Less: rental expenses6b0Rental income or (loss)6c32,930Net rental income or (loss)5c52,930	•	32,930.			32,930.
enue	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses(i) Securities 7a 875,755To 253,289 Gain or (loss)7c 622,466					
Rev			Net gain or (loss)		622,466.			622,466.
Other Revenue	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
			Less: direct expenses 8	o l				
	-		Net income or (loss) from fundraising events	▶				
	9		Gross income from gaming activities. See Part IV, line 19					
			Net income or (loss) from gaming activities	-	-1,696.			-1,696.
	10	а	Gross sales of inventory, less returns and allowances 10	a				
			Less: cost of goods sold 10					
Miscellaneous Revenue	11		Net income or (loss) from sales of inventory	Business Code				
cell leve		с						
Mis			All other revenue					
_			Total. Add lines 11a-11d			1 100 101	20 407	705 040
	12		Total revenue. See instructions	►	4,051,731.	ц,тар,тот.	28,487.	705,248.
13200	9 12	2-09-	-21		9			Form 990 (2021

MILL CREEK FIRE COMPANY, INC

Form 990 (2021)

Part VIII Statement of Revenue

MILL CREEK FIRE COMPANY, INC 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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	282,098.	282,098.		
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	1,395,520.	1,395,520.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,238.	37,748.	6,490.	
9	Other employee benefits				
0	Payroll taxes	106,757.	106,757.		
1	Fees for services (nonemployees):				
а	Management				
b		775.		775.	
с	· · · · · · · · · · · · · · · · · · ·	21,905.	12,871.	9,034.	
d					
е					
f	Investment management fees				
g					
-	column (A), amount, list line 11g expenses on Sch O.)	94,523.	94,523.		
2	Advertising and promotion				
3	Office expenses	52,653.	11,612.	9,362.	31,679
4	Information technology				
5	Royalties				
6	Occupancy	200,338.	153,881.	46,457.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	129,100.	129,100.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	642,784.	642,784.		
3	Insurance	96,099.	86,354.	9,745.	
4	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 0.)				
а		318,368.	304,007.	14,361.	
b	EQUIPMENT RENTAL	120,639.	120,639.		
с	TRAINING	22,792.	22,792.		
d	LADIES AUXILIARY EXPENS	21,341.			21,341
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,549,930.	3,400,686.	96,224.	53,020
6	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 if following SOP 98-2 (ASC 958-720)				

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2021.04030 MILL CREEK FIRE COMPANY, IN 60255_1

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of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 14,195,129. Total net assets or fund balances 18,094,359. Total liabilities and net assets/fund balances

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

(B)

End of year

0.

(A)

Beginning of year

1,119,169. 1,059,547. Cash - non-interest-bearing 1 261,364. 264,160. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 4,000. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 17,597,165. basis. Complete Part VI of Schedule D _____ 10a 7,237,271. 10,495,157. 10,359,894. b Less: accumulated depreciation 10b 10c 6,160,470. 7,149,567. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 10,000. 54,199. Other assets. See Part IV, line 11 15 18,094,359. 18,843,168. 16 Total assets. Add lines 1 through 15 (must equal line 33) 26,430. 26,800. Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 3,872,800. 3,392,005. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 3,899,230. 3,418,805. 26 14,195,129. 15,424,363. 27 28 29 30

Form 990 (2021)

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-iabilities

Net Assets or Fund Balances

Assets

MILL CREEK FIRE COMPANY, INC

15,424,363.

18,843,168.

Form 990 (2021)

31

32

33

Form	990 (2021) MILL CREEK FIRE COMPANY, INC	51-	6028	916	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
						~ -
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,051	<u>1,7</u>	$\frac{31}{2}$
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,549		
3	Revenue less expenses. Subtract line 2 from line 1	3				01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,195		
5	Net unrealized gains (losses) on investments	5		72	7,4	33.
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	15	,424	1,3	63.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			г		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					х
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th					х
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	זונ	<u> </u>		х
	Act and OMB Circular A-133?		ŀ	3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b Form		0001
				-orm	990 (2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nam	e of t	he organization							identification number				
_				E COMPANY, I					1-6028916				
Pai	tΙ	Reason for Public (Charity Status.	All organizations must c	omplete tł	nis part.) S	ee instructior	IS.					
The o	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a go	overnmental u	unit descrik	bed in				
		section 170(b)(1)(A)(iv). (C	omplete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х												
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction 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:											
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, a	nd gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	9(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2). S	See section {	5 09(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	' giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dired	ctors or truste	ees of the s	supporting				
		organization. You must c	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	iving				
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,				
		its supported organization	n(s) (see instructions	b). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		_ requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.							
		er the number of supported o	•										
g		vide the following information			(iv) is the oroa	nization listed							
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)				
				above (see instructions))	Yes	No							
					L								
Tota													

Schedule A (Form 990) 2021

MILL CREEK FIRE COMPANY, INC

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,516,175.	2,321,037.	1,749,747.	2,105,009.	2,121,895.	9,813,863.
2	Tax revenues levied for the organ-						
	ization'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	1,516,175.	2,321,037.	1,749,747.	2,105,009.	2,121,895.	9,813,863.
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.						9,813,863.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,516,175.	2,321,037.	1,749,747.	2,105,009.	2,121,895.	9,813,863.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	45,617.	53,029.	84,236.	61,924.	51,548.	296,354.
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.)	105,200.	30,135.	31,040.	31,971.	32,930.	231,276.
11	Total support. Add lines 7 through 10						10,341,493.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11, o	olumn (f))		14	94.90 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	94.45 %
1 6a	1 33 1/3% support test - 2021. If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			-		VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported c	rganization		▶∟
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	·
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

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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 Suppor Calendar year (or fiscal year beginn		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions,			(0,2010	(4) 2020		(i) iotai
membership fees received.						
include any "unusual grants						
2 Gross receipts from admissi merchandise sold or service formed, or facilities furnishe any activity that is related to organization's tax-exempt p	s per- d in o the					
3 Gross receipts from activitie	•					
are not an unrelated trade o						
iness under section 513						
4 Tax revenues levied for the						
ization's benefit and either p or expended on its behalf	paid to					
5 The value of services or faci						
furnished by a governmenta the organization without cha	l unit to					
6 Total. Add lines 1 through 5		+				+
7a Amounts included on lines 1						
3 received from disqualified b Amounts included on lines 2 and 3 re						
from other than disqualified persons t exceed the greater of \$5,000 or 1% o amount on line 13 for the year	hat f the					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c fr						
Section B. Total Support						
alendar year (or fiscal year beginn		(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6			(-)	(-/	(-,	(1) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10a Gross income from interest, dividends, payments receive securities loans, rents, royal and income from similar sou	ed on ties,	\bigcirc				
b Unrelated business taxable inco	me					
(less section 511 taxes) from bu acquired after June 30, 1975	usinesses					
c Add lines 10a and 10b						
11 Net income from unrelated the activities not included on lin whether or not the business regularly carried on	ousiness e 10b, is					
12 Other income. Do not includ or loss from the sale of capi assets (Explain in Part VI.)	le gain tal					
13 Total support. (Add lines 9, 10c, 1						
I4 First 5 years. If the Form 99		first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
check this box and stop he	-		,	-		
Section C. Computation						
15 Public support percentage f	or 2021 (line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage f					16	%
Section D. Computation						
 Investment income percenta 					17	%
18 Investment income percenta					18	%
19a 33 1/3% support tests - 20						
more than 33 1/3%, check t						
b 33 1/3% support tests - 20 line 18 is not more than 33 1	20. If the organization did	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	
20 Private foundation. If the o						
132023 01-04-22			2, 51 105, 6100/(1			A (Form 990) 2021
			15		201104010	
31104 793123 602	55 20	21.04030		K FIRE CO	MPANY, IN	1 602551

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

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Schedule A (Form 990) 2021

16

MILL CREEK FIRE COMPANY, INC Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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		
Sec	ction 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		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 yea(set	see instructions).
--	--------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a	a governmental entity	. Describe in Part VI how	you supported a governm	ental 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a 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.
- 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. 132025 01-04-22

Schedule A (Form 990) 2021

2a

2b

За

3b

No

Yes

08231104 793123 60255

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08231104 793123 60255

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

Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990) 2021

(B) Current Year

(optional)

(B) Current Year

(optional)

(A) Prior Year

1

2

3 4

5

6

7

8

MILL CREEK FIRE COMPANY, INC

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.

Section A - Adjusted Net Income

Net short-term capital gain

Add lines 1 through 3. Depreciation and depletion

Recoveries of prior-year distributions

Portion of operating expenses paid or incurred for production or

collection of gross income or for management, conservation, or

8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

maintenance of property held for production of income (see instructions)

3 Other gross income (see instructions)

Other expenses (see instructions)

Schedule A (Form 990) 2021

1

2

4

5

6

7

2

4

6

7

8

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sche	dule A (Form 990) 2021 MILL CREEK FI			5	1-6028916 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting O	r ganizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021				COMPANY			51-602891	
Part VI	Part IV, Section A,	lines 1, 2, 3b, 3c, 4b ion D, lines 2 and 3;	, 4c, 5a, 6 Part IV, S	, 9a, 9b, 9 ection E,	9c, 11a, 11b, an lines 1c, 2a, 2b,	d 11c; Part 3a, and 3b;	IV, Section B, lines Part V, line 1; Part	r 17b; Part III, line 12 1 and 2; Part IV, Sect V, Section B, line 1e; onal information.	tion C,
	(See instructions.)								
	20							Sobodulo A (Form	n 000) (
32028 01-04-2					20			Schedule A (Form	
31104	793123 602	255	202	1.040	30 MILL	CREEK	FIRE COMP	ANY, IN 602	255_

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

	MILL CREEK FIRE CO			51-6028916
Par			Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised	d 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 he	ld in donor advised fur	nds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			•
	impermissible private benefit?			• — —
Par				
1	Purpose(s) of conservation easements held by the organizati			,
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	•
	Preservation of open space		reservation of a cert	
2	Complete lines 2a through 2d if the organization held a qualit	fied concervation contribu	ition in the form of a a	anonyotion accoment on the last
2	day of the tax year.	neu conservation contribu		Held at the End of the Tax Year
-				2a
a h	Total number of conservation easements			
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or t	erminated by the orgai	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
-	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	id enforcing conservation	on easements during the year
-		We en effecte bleve en en el eres	• · · · · · · · · · · · · · · · · · · ·	
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and en	forcing conservation ea	asements during the year
•			he of eaching 170/h)/4)//	
8	Does each conservation easement reported on line 2(d) above and each conservation easement reported on line 2(d) above and a set is a 170(h)(d)(D)(iii)	• •		
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati		•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements th	hat describes the
Do	t III Organizations Maintaining Collections o	f Art Historiaal Tra	agurag or Other	Similar Acceto
Fai				Similar Assets.
	Complete if the organization answered "Yes" on Form			lana a alta atta conduc
та	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul			ince of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre	asures, or other similar as	ssets for financial gain,	provide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
13205	10-28-21	• •		
		21		

2021.04030 MILL CREEK FIRE COMPANY, IN 60255_1

		EEK FIRE C		-						Page 2
_	rt III Organizations Maintaining C									ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following the	at make s	significant	use of its		
	collection items (check all that apply):		. — .							
a		C			hange progra					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit o								7	
De	to be sold to raise funds rather than to be m								Yes	└── No
Pa	rt IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bllowing ta	able:					A	
									Amount	
	Beginning balance									
	Additions during the year									
	• • • • • • • • • • • • • • • • • • • •									
f	Ending balance								Vee	
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i									
I U		(a) Current year	1	ior year	(c) Two yea			ears back	(e) Four	vears back
10	Beginning of year balance	(u) ourient your	(5)11	ior your	(0) 1110 you	10 Buok	(u) 11100 y	ouro buon	(0) 1 0 01	jouro buon
b	Contributions									
c b	Net investment earnings, gains, and losses									
d	• • • • • • • • • • • • • • • • • • • •									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance Provide the estimated percentage of the cur			n oolumn (a						
2		rent year end baland	یe (inte To %	j, column (a	a)) Heiu as.					
a b	Board designated or quasi-endowment Permanent endowment	%	70							
b	· · · · · · · · · · · · · · · · · · ·	⁷⁰								
С	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse	•	ration that	t are held a	nd administe	arad for t	he orazniz	ration		
Ja	by:	ession of the organiz	allon ina	t are neiu a			ne organiz	ation	F	Yes No
	(i) Unrelated organizations								3a(i)	
									3a(ii)	
h	(ii) Related organizations	ations listed as requi	ired on Sc	hedule R2						
4	Describe in Part XIII the intended uses of the								50	
<u> </u>	rt VI Land, Buildings, and Equipm	0	Swittent i	unus.						
	Complete if the organization answere		0. Part IV	. line 11a. S	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or c	· · · · · · · · · · · · · · · · · · ·		or other		cumulate	hd	(d) Book	value
	Description of property	basis (investr		basis (preciation	.u	(u) Book	value
12	Land	`			0,000.				550	,000.
	Buildings				7,940.	3.0)51,78	82.		<u>,158.</u>
	Leasehold improvements			-,10	.,	/ -			-,	,
d				7.23	8,920.	3.9	954,20	65.	3,284	.,655.
	Other				0,305.		231,22			0.081.
	I. Add lines 1a through 1e. (Column (d) must e		X, colum							,894.

Schedule D (Form 990) 2021

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Schedule D	(Form 990) 2021	MILL	CREEK	FIRE	COMPANY,	INC	51-6028916 Page
Part VII	Investments -	Other Secu	irities.				
	Complete if the org	anization ansv	vered "Yes'	' on Form	990, Part IV, line	11b. See Form	990, Part X, line 12.
(a) Descrip	tion of security or categ	JOTY (including nam	ne of security)	(b)	Book value	(c) Metho	d of valuation: Cost or end-of-year market value
(1) Financia	al derivatives						
(2) Closely	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	b) must equal Form 990) Part X col (B)	line 12) 🕨				
	Investments -						
		-		on Form	990 Part IV line	11c. See Form	990, Part X, line 13.
	(a) Description of				Book value		d of valuation: Cost or end-of-year market value
(1)	(4) 2 000 (pilot) 0			()		(0)	
(1)							
(2)							
(3)							
(4)				+			
(5)							
(6)						· · ·	
(7)							
(8)				-			
(9)	h)						
Part IX	b) must equal Form 990 Other Assets.	J, Part X, COI. (B)	iine 13.) >				
Fartin		anization anou	united "Veel		000 Dart IV/ line	11d Coo Form	990, Part X, line 15.
	Complete il trie org	anization ansv		Descripti		TTU. See Form	(b) Book value
			(a)	Descripti			
(1)							
(2)				_			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	imn (b) must equal Fo		K, col. (B) lir	ne 15.)			
Part X	Other Liabilitie						
				on Form	990, Part IV, line	11e or 11f. See	e Form 990, Part X, line 25.
1.		escription of lia	lbility				(b) Book value
(1) Fec	leral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	ımn (b) must equal Fo	orm 990, Part)	(, col. (B) lir	ne 25.)			>
-							on's financial statements that reports the
-						-	f the footnote has been provided in Part XIII \Box

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51-6028916 _{Page}

Schedule D (Form 990) 2021 MILLI CKELK FIKE COMIANI,	Schedule D (Form 990) 2021	MILL	CREEK	FIRE	COMPANY,
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Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per R	leturn.
	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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Ра	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return.
Ра	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1			Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1 2e
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1 2e
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	1 2e
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1 2e

INC

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 ORGANIZATION HAS ELECTED TO BE CLASSIFIED AS A TAX-EXEMPT ORGANIZATION 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, 2021 AND

2020 IN RELATION TO THESE ACTIVITIES.

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS
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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MILL CREEK FIRE COMPANY, INC 51-6028916 Page 5 Part XIII Supplemental Information (continued) 51-6028916 Page 5
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 ORGANIZATION
RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX
POSITIONS, IF ANY, AS A COMPONENT OF FUNCTIONAL EXPENSES. THE ORGANIZATION
DID NOT HAVE ANY INCOME TAX UNCERTAINTIES THAT WERE CONSIDERED GREATER
THAN REMOTE.

Schedule D (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

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 6:

THE ORGANIZATION HAS MEMBERS.

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

MEMBERS NOMINATE AND ELECT THE MEMBERS OF THE BOARD ANNUALLY.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE PRESIDENT OF THE BOARD IS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization Name Of the organization	Page 2 Employer identification number
MILL CREEK FIRE COMPANY, INC	51-6028916
PROVIDED WITH A FULL COPY OF THE 990 FOR REVIEW. ONCE APP	PROVED, THE
PRESIDENT WILL SIGN THE E-FILE AUTHORIZATION (FORM 8879-E	O) AND RETURN IT
TO THE PREPARER WHO WILL THEN SUBMIT THE RETURN ELECTRONI	CALLY.
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO ANNUALY REVIEW THE CONF	LICT OF INTEREST
POLCY 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 REVIE	WED 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 AV	AILABLE FOR REVIEW
ON THE COMPANY'S WEBSITE.	

SCH	IEDULE R
-	

(Form 990)

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.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

51-6028916

Department of the Treasury Internal Revenue Service Name of the organization

MILL CREEK FIRE COMPANY, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	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)(d)(e)(f)Legal domicile (state or foreign country)Exempt Code sectionPublic charity status (if sectionDirect controlling entity			ty Legal domicile (state or Exempt Code Public charity Direct controlling foreign country) section status (if section entity				Legal domicile (state or foreign country) Exempt Code section Public charity Direct contro entity			Primary activity Legal domicile (state or Exempt Code Public charit foreign country) section status (if section				g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No									

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 MILL CREEK FIRE COMPANY, INC

51-6028916 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j	()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana partn		enta: ersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	-											
	-											

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) stion b)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2021 MILL CREEK FIRE COMPANY, INC

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.				
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?		Yes	No
' 	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	<u> </u>	
	Gift, grant, or capital contribution to related organization(s)	1b	<u> </u>	<u> </u>
0	Gift, grant, or capital contribution from related organization(s)	1c	<u> </u>	<u> </u>
		1d	<u> </u>	<u> </u>
	Loans or loan guarantees to or for related organization(s)	1e	<u> </u>	┼──
e	Loans or loan guarantees by related organization(s)	Ie	<u> </u>	
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		\square
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		\square
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		\square
	Sharing of paid employees with related organization(s)	10		\square
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
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.			<u> </u>

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(4)</u>			
(5)			
_(6)	3.0		

Schedule R (Form 990) 2021 MILL CREEK FIRE COMPANY, INC

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs. Yes	ll sec. (3) No	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes) ral or F iging ner? NO	(k) Percentage ownership
			5										

Schedule R (Form 990) 2021

Provide additional information for	n responses to questions on Schedule R. See instructions.
2165 11-17-21	Schedule R (Form 990)
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