

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
 benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
MILL CREEK FIRE COMPANY, INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3900 KIRKWOOD HIGHWAY
 City or town, state or country, and ZIP + 4
WILMINGTON DE 19808

D Employer identification number
51-6028916

E Telephone number
302-998-8911

F Accounting method: Cash
 Accrual Other (specify) _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.MILLCREEKFIRECO.ORG**

J Organization type
 (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,707,083**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				235,825							
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)								765,492			
e Total (add lines 1a through 1d) (cash \$ 1,001,317 noncash \$ _____)										1,001,317	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										647,194	
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments										33,291	
5 Dividends and interest from securities										30,625	
6a Gross rents		6a		18,270							
b Less: rental expenses		6b									
c Net rental income or (loss). Subtract line 6b from line 6a										18,270	
7 Other investment income (describe ▶ _____)											
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		482,476		8a		332,000					
b Less: cost or other basis and sales expenses		454,314		8b		128,871					
c Gain or (loss) (attach schedule)		28,162		8c		203,129					
d Net gain or (loss). Combine line 8c, columns (A) and (B)										231,291	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ _____ of contributions reported on line 1b)		9a		117,398							
b Less: direct expenses other than fundraising expenses		9b		30,741							
c Net income or (loss) from special events. Subtract line 9b from line 9a										86,657	
10a Gross sales of inventory, less returns and allowances		10a									
b Less: cost of goods sold		10b									
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
11 Other revenue (from Part VII, line 103)										44,512	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										2,093,157	
13 Program services (from line 44, column (B))										1,675,104	
14 Management and general (from line 44, column (C))										51,587	
15 Fundraising (from line 44, column (D))										9,979	
16 Payments to affiliates (attach schedule)											
17 Total expenses. Add lines 16 and 44, column (A)										1,736,670	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										356,487	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										6,515,896	
20 Other changes in net assets or fund balances (attach explanation)										SEE STATEMENT 3 152,760	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										7,025,143	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	445,052	445,052		
27	Pension plan contributions not included on lines 25a, b, and c	24,939	24,939		
28	Employee benefits not included on lines 25a - 27	74,926	74,926		
29	Payroll taxes	34,047	34,047		
30	Professional fundraising fees				
31	Accounting fees	7,900		7,900	
32	Legal fees	1,096		1,096	
33	Supplies	263,250	263,250		
34	Telephone				
35	Postage and shipping				
36	Occupancy	102,225	102,225		
37	Equipment rental and maintenance	87,707	87,707		
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	4,879	4,879		
41	Interest	42,259	42,259		
42	Depreciation, depletion, etc. (attach schedule)	357,437	357,437		
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 4	290,953	238,383	42,591	9,979
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,736,670	1,675,104	51,587	9,979

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a FIRE PROTECTION & PREVENTION

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

1,614,581

b EMERGENCY MEDICAL SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

60,523

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

1,675,104

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	355,170	45	150	
	46 Savings and temporary cash investments	433,546	46	807,476	
	47a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use	3,517	52	3,042	
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities		54a		
	b Investments—other securities (attach schedule)		54b		
	55a Investments—land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55c		
	56 Investments—other (attach schedule)	SEE STMT 6	2,449,167	56	3,062,736
	57a Land, buildings, and equipment: basis	57a	6,591,126		
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 7	57b	2,786,239	57c	3,804,887	
58 Other assets, including program-related investments (describe)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		7,337,853	59	7,678,291	
Liabilities	60 Accounts payable and accrued expenses	4,567	60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET		812,490	64b	653,148
	65 Other liabilities (describe SEE STATEMENT 8)		4,900	65	
66 Total liabilities. Add lines 60 through 65		821,957	66	653,148	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	6,515,896	67	7,025,143	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		6,515,896	73	7,025,143	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,337,853	74	7,678,291	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,276,658
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	152,760	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	30,741	
	SEE STATEMENT 9			
	Add lines b1 through b4		b	183,501
c	Subtract line b from line a		c	2,093,157
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	2,093,157

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,767,411
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	30,741	
	SEE STATEMENT 10			
	Add lines b1 through b4		b	30,741
c	Subtract line b from line a		c	1,736,670
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	1,736,670

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JON J. STEWART 3900 KIRKWOOD HWY WILMINGTON DE 19808	PRESIDENT 0	0	0	0
R. T. LEICHT 3900 KIRKWOOD HWY WILMINGTON DE 19808	V-PRESIDENT 0	0	0	0
BARRY KELLY 3900 KIRKWOOD HWY WILMINGTON DE 19808	SECRETARY 0	0	0	0
MARC WILLIAMS 3900 KIRKWOOD HWY WILMINGTON DE 19808	TREASURER 0	0	0	0
MARK DOLAN 3900 KIRKWOOD HWY WILMINGTON DE 19808	CHAIRMAN 0	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: N/A

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 77: Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. (See line 81 instructions.) 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
85b			
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	20
91a	The books are in care of	THE ORGANIZATION 3900 KIRKWOOD HIGHWAY Located at WILMINGTON, DE	
	Telephone no.	302-998-8911	
	ZIP + 4	19808	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a AMBULANCE BILLING					647,194
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	33,291	
96 Dividends and interest from securities			14	30,625	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	18,270	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	231,291	
101 Net income or (loss) from special events			9	86,657	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b CHAMBERS HALL RENTAL INCOME			2	32,350	
c MISCELLANEOUS INCOME			3	12,162	
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	444,646	647,194
105 Total (add line 104, columns (B), (D), and (E))					1,091,840

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEEES FOR AMBULANCE TRANSPORT SERVICES- ONE OF OUR EXEMPT PURPOSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *[Signature]*
 Date: 8/15/08
 Type or print name and title: Jon Stewart, President

Paid Preparer's Use Only

Preparer's signature: RENE E A. VILLANO, CPA
 Date: 8/14/08
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Instr. X): P00270347
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRABOWSKI, SPARANO & VINCELETTE, CPA'S
 1814 NEWPORT GAP PIKE
 WILMINGTON, DE 19808-6122
 EIN: 23-2299481
 Phone no.: 302-999-7300