

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024
Open to Public Inspection

A For the **2024** calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MILTON COMMUNITY FOOD PANTRY, INC.

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 84

City or town, state or province, country, and ZIP or foreign postal code
MILTON DE 19968

D Employer identification number
****-***0129**

E Telephone number
302-278-9557

F Name and address of principal officer:
LAWRENCE BIVENS

G Gross receipts \$ **1,087,335**

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

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

J Website: **www.miltonpantry.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2016** **M** State of legal domicile: **DE**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO PROVIDE 3 MEALS A DAY FOR 3 DAYS TO SUPPLEMENT A FAMILY'S FOOD BUDGET IN THE AREA OF MILTON, SLAUGHTER NECK, HARBESON, AND ELLENDALE, DELAWARE AND SURROUNDING AREAS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (enter date if necessary)	6	72
	7a Total unrelated business revenue from Part VIII, column (C), lines 2-7	7a	0
b Net unrelated business taxable income from Form 990-T, Part 1	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	650,339	1,073,498
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204	130
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,680	11,336
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	652,223	1,084,964
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	362,495	853,574
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	1,260	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,635	52,016
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	417,130	905,590	
19 Revenue less expenses. Subtract line 18 from line 12	235,093	179,374	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 735,828	End of Year 876,778
	21 Total liabilities (Part X, line 26)	38,424	0
	22 Net assets or fund balances. Subtract line 21 from line 20	697,404	876,778

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: *Lawrence Bivens* Date: _____
LAWRENCE BIVENS **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: **SARAH E. DILL** Preparer's signature: *Sarah E Dill, CPA* Date: **04/28/25** Check if self-employed if PTIN: *********
 Firm's name: **Atlantic Blue Advisors, LLC** Firm's EIN: ****-***1729**
 Firm's address: **34382 Carpenters Way Ste 6** Phone no.: **302-644-5990**
Lewes, DE 19958-4919