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## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

, 2023, and ending For the 2023 calendar year, or tax year beginning , 20 C Name of organization GAINING GROUND, Check if applicable: D Employer identification number Address change Doing business as 04-3083976 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite P.O. BOX 374 (978)610-6086 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code CONCORD, MA 01742 **G** Gross receipts \$1,260,143. Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes X No** Application pending F Name and address of principal officer: JENNIFER JOHNSON, 341 VIRGINIA ROAD, CONCORD, MA 01742 H(b) Are all subordinates included? 🗌 Yes 🗌 No Tax-exempt status: ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. **X** 501(c)(3) 501(c) ( Website: WWW.GAININGGROUND.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association 1990 M State of legal domicile: MA L Year of formation: Part I Briefly describe the organization's mission or most significant activities: TO GROW AND DISTRIBUTE FRESH, 1 ORGANIC PRODUCE TO LOCAL MEAL PROGRAMS, SHELTERS, AND FOOD PANTRIES Activities & Governance FOR HUNGER RELIEF, AS WELL AS TO PROVIDE ENVIRONMENTAL EDUCATION AND RELATED 2 Check this box  $\Box$  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) . . . . . . . 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) . . . . . . . . . . . 6 3,200 Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . 876,763. 8 1,213,131. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . -7,79546,601. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 643 411 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 869,611 1,260,143. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 420,811 507,590. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 320,185. 292,096. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 740,996. 799,686. 19 Revenue less expenses. Subtract line 18 from line 12 128,615. 460,457. Assets or d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 2,034,799. 2,491,556. 21 Total liabilities (Part X, line 26) . 44,598. 40,898. Net/ Fund 22 Net assets or fund balances. Subtract line 21 from line 20 1,990,201. 2,450,658. 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. 11/07/2024 Sign Signature of officer Here SUE MILDRUM, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** self-employed P00514062 FELIX G. CINCOTTA, CPA **Preparer** Firm's name FELIX G. CINCOTTA CPA & CONSULTANTS Firm's EIN 04-3405131 Use Only Phone no. (617)332-2227ONE GATEWAY CENTER, NEWTON, MA 02458 May the IRS discuss this return with the preparer shown above? See instructions X Yes No