

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.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024 , and ending , 20																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td colspan="2">C Name of organization GAINING GROUND, INC.</td><td>D Employer identification number 04-3083976</td></tr><tr><td colspan="2">Doing business as</td><td>E Telephone number (978) 610-6086</td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td></td></tr><tr><td colspan="2">P.O. BOX 374</td><td></td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code CONCORD, MA 01742</td><td>G Gross receipts \$1,652,697.</td></tr><tr><td colspan="2">F Name and address of principal officer: JENNIFER JOHNSON, 341 VIRGINIA ROAD, CONCORD, MA 01742</td><td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.</td></tr><tr><td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td><td>H(c) Group exemption number</td></tr><tr><td colspan="2">J Website: WWW.GAININGGROUND.ORG</td><td></td></tr><tr><td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td><td>L Year of formation: 1990 M State of legal domicile: MA</td></tr></table>	C Name of organization GAINING GROUND, INC.		D Employer identification number 04-3083976	Doing business as		E Telephone number (978) 610-6086	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		P.O. BOX 374			City or town, state or province, country, and ZIP or foreign postal code CONCORD, MA 01742		G Gross receipts \$1,652,697.	F Name and address of principal officer: JENNIFER JOHNSON, 341 VIRGINIA ROAD, CONCORD, MA 01742		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: WWW.GAININGGROUND.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1990 M State of legal domicile: MA
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Part I Summary																									
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO GROW AND DISTRIBUTE FRESH,</u> <u>ORGANIC PRODUCE TO LOCAL MEAL PROGRAMS, SHELTERS, AND FOOD PANTRIES</u> <u>FOR HUNGER RELIEF, AS WELL AS TO PROVIDE ENVIRONMENTAL EDUCATION AND RELATED</u>																								
	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 15																								
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15																								
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 5																								
	6 Total number of volunteers (estimate if necessary) 6 3,750																								
	7a 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 0.																								
Revenue	<table><thead><tr><th></th><th>Prior Year</th><th>Current Year</th></tr></thead><tbody><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>1,213,131.</td><td>1,589,210.</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td></td><td></td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>46,601.</td><td>63,243.</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>411.</td><td>244.</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>1,260,143.</td><td>1,652,697.</td></tr></tbody></table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,213,131.	1,589,210.	9 Program service revenue (Part VIII, line 2g)			10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,601.	63,243.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	411.	244.	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,260,143.	1,652,697.						
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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	<table><tr><td>Signature of officer</td><td>11/13/2025</td></tr><tr><td colspan="2">Date</td></tr><tr><td colspan="2">LISANNE WHEELER, PRESIDENT</td></tr><tr><td colspan="2">Type or print name and title</td></tr></table>	Signature of officer	11/13/2025	Date		LISANNE WHEELER, PRESIDENT		Type or print name and title													
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Paid Preparer Use Only	<table><tr><td>Preparer's name</td><td>Preparer's signature</td><td>Date</td><td>Check <input checked="" type="checkbox"/> if self-employed</td><td>PTIN</td></tr><tr><td>FELIX G. CINCOTTA, CPA</td><td></td><td></td><td></td><td>P00514062</td></tr><tr><td>Firm's name</td><td>FELIX G CINCOTTA CPA & CONSULTANTS</td><td>Firm's EIN</td><td>04-3405131</td><td></td></tr><tr><td>Firm's address</td><td>ONE GATEWAY CENTER, NEWTON, MA 02458</td><td>Phone no.</td><td>(617) 332-2227</td><td></td></tr></table>	Preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	FELIX G. CINCOTTA, CPA				P00514062	Firm's name	FELIX G CINCOTTA CPA & CONSULTANTS	Firm's EIN	04-3405131		Firm's address	ONE GATEWAY CENTER, NEWTON, MA 02458	Phone no.	(617) 332-2227	
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May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					