EXTENDED TO NOVEMBER 15, 2021

Form **990**

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.

Open to

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change A SIMPLE GESTURE - GREENSBORO INC. Name change 47-2995932 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 336-547-7000 3503 REDINGTON DRIVE 946,953. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended GREENSBORO, NC 27410 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BOBBY G BIGGERSTAFF 」Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► HTTPS: //ASIMPLEGESTUREGSO.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 2015 **M** State of legal domicile: NC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: A SIMPLE GESTURE-GREENSBORO IS A **Activities & Governance** NOT-FOR-PROFIT, GRASS ROOTS FOOD COLLECTION PROGRAM DEPENDENT UPON Check this 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) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 800 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 946,953. 578,928. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 578,928. 946,953. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 390,626. 459,463. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 71,002. 63,980. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 111,375. 130,675. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 565,981. 661,140. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,947. 285,813. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 91,496. 345,203. Total assets (Part X, line 16) 0. 1,510. 21 Total liabilities (Part X, line 26) 三年 496. 343,693 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. Signature of officer Date Sign BOBBY G BIGGERSTAFF, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 11/15/21 P00021396 LESLIE L ANDERSON LESLIE L ANDERSON Paid self-employed Firm's name LESLIE ANDERSON CPA PC Firm's EIN > 20-4831046 Preparer Firm's address ▶ 1101 NORWALK STREET Use Only

GREENSBORO, NC 27407

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. (336) 482-2444

X Yes

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	OUR MISSION IS TO ASSIST THE LOCAL FOOD BANKS AND PANTRIES BY	
	REPLENISHING THEIR FOOD BANKS EVERY OTHER MONTH, YEAR ROUND.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	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 services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 623,843. including grants of \$ 459,463.) (Revenue \$)
	SINCE OUR INCEPTION IN 2015, WE HAVE COLLECTED OVER 1,100,000 POUNDS OF	<u>? </u>
	FOOD FROM APPROXIMATELY 11,650 DONORS TO HELP REPLENISH LOCAL FOOD	
	BANKS AND PANTRIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 623,843.	

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Form 990 (2020) A SIMPLE GESTURE - GREENSBORO INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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	۰		
10	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,			
а		440		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		122
D		446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
a	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			l 🕶
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			_V
	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	۱	v	
_	Schedule D, Parts XI and XII	12a	Х	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		3,7
40	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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		X
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	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	18		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? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (2020) A SIMPLE GESTURE - GREENSBORO INC.

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			
	Schedule J	23		X
24a	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			
	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			
	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			
	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 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	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
35 a	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		<u> </u>
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			
	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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ц		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	1

020) A SIMPLE GESTURE - GREENSBORO INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line Form 1996 To		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ua		1
b	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
	and the second s	promote to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	=	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	المما			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	1		
	Section 501(c)(12) organizations. Enter:	100			
'' a		11a			
h	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	16		$\stackrel{\Lambda}{\vdash}$
	n 100, complete i omi 4120, conecule o.				

Page 6 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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the assessing the beauty and beauty and beauty and beauty and a state of the st	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- °		- 21
7a				Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		- 21
D	and the self-self-self-self-self-self-self-self-	71.		х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	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,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Δ	v
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v	
	in Schedule O how this was done	12c	X	v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NC			h l e
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avallal	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BOBBY G. BIGGERSTAFF - 336-547-7000 3503 REDINGTON DRIVE GREENSBORO NC 27410			

Earm	000	(2020)
	990	1/11/11

A SIMPLE GESTURE - GREENSBORO INC.

47-2995932

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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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.			
(A)	(B)			_ ((C)			(D)	(E)	(F)		
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated		
	hours per	box	box, unless officer and		(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	-			10010	T		from the	from related organizations	other compensation		
	(list any hours for	Individual trustee or director						organization	(W-2/1099-MISC)	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization		
	organizations	trust	nal tru		oyee	om pe				and related		
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations		
	line)	Indi	Insti	Officer	Key	High	Former					
(1) LESLIE L. ISAKOFF	40.00								_	_		
EXECUTIVE DIRECTOR				Х				50,000.	0.	0.		
(2) ANNE E. HENDRIX	15.00								_	_		
VICE PRESIDENT		Х		Х				0.	0.	0.		
(3) HOWARD D. SHERRILL	1.00	1								_		
SECRETARY		Х		Х				0.	0.	0.		
		-										
										_		
		-										
		-										
		-										
		1										
		-										
	l											

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable			imated	
		hours per week					is botl or/trus		compensation from	compensation from related			ount of	
		(list any	tor						the	organization			ensatio	n
		hours for	r direc				ted		organization	(W-2/1099-MIS			m the	
		related	stee o	trustee			pensa		(W-2/1099-MISC)			_	ınizatior	
		organizations below	ual tru	ional		ploye	t com	_					related nization	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	iization	,
														_
														_
														_
														_
1b	Subtotal							▶	50,000.		0.).
С	Total from continuation sheets to Part V								0.		0.			<u>.</u>
	Total (add lines 1b and 1c)								50,000.		0.		().
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			0
	compensation from the organization												Yes N	10
3	Did the organization list any former officer	director, trust	ee. k	cev e	lame	love	e. or	hia	hest compensated emp	lovee on	[
	line 1a? If "Yes," complete Schedule J for s	•	,	,	•	,	,	_		•		3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150			•								4		X
5	Did any person listed on line 1a receive or a											_		.,
Sec	rendered to the organization? If "Yes," control B. Independent Contractors	plete Schedul	e <i>J f</i>	or si	ıch i	pers	son					5		X
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	oensat	ion fro	m	
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith o	or wi	thin T		ear.				_
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	services	С	(C) ompen		
2	Total number of independent contractors (i		ot lir	nite	d to	thos	se lis າ	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 📂					J						000 (

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Officer if Generalic G contains a response t	I TIOLO LO ALTY III I	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω, Ē	С	Fundraising events 1c					
ifts		Related organizations 1d					
nii, G		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
i ti	•		946,953.				
등 돌			478,232.				
ig b	g		4/0,232.	046 052			
<u>0</u> 6	h	Total. Add lines 1a-1f		946,953.			
			Business Code				
ė	2 a						
Ξď	b	·					
Se	С						
E S	d						
gra	_						
Program Service Revenue	•	All other program service revenue					
_		-					
-		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
		5 · · · · · · · · · · · · · · · · · · ·					
	C						
		Net rental income or (loss)	(ii) Othor				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
le l	С	Gain or (loss) 7c					
Revenue	d	Net gain or (loss)					
ē		Gross income from fundraising events (not					
₽		including \$ of					
Ĭ		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
\dashv	С	Net income or (loss) from sales of inventory					
2			Business Code				
90r	11 a						
Miscellaneous Revenue	b						
e še	С						
/lisi	d	All other revenue					
_		Total. Add lines 11a-11d	.				
	12	Total ravanua Saa instructions		946.953.	0.	0.	0.

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).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	459,463.	459,463.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	,	,		
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				
5 Compensation of current officers, directors,				
trustees, and key employees	50,000.	37,500.	12,500.	
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	21,002.	15,752.	5,250.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	0.550		0.550	
c Accounting	2,650.		2,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	F 400	4 0.71	1 255	
column (A) amount, list line 11g expenses on Sch 0.)	5,428.	4,071.	1,357.	
12 Advertising and promotion	7,056.	7,056.	F00	
13 Office expenses	2,914.	2,186.	728.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
Payments of travel or entertainment expenses for any federal, state, or local public officials	3,017.	2,263.	754.	
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
Depreciation, depletion, and amortization	1 004		1,024.	
23 Insurance	1,024.		1,024.	
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.)				
a CONTRACT LABOR	44,105.	44,105.		
b SUPPLIES	19,138.	19,138.		
c OTHER COSTS	17,629.	13,222.	4,407.	
d FACILITIES & EQUIPMENT	16,921.	12,691.	4,230.	
e All other expenses	10,793.	6,396.	4,397.	
25 Total functional expenses. Add lines 1 through 24e	661,140.	623,843.	37,297.	0
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)				Form 990 (202

Form 990 (2020)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	r note to	o any		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	90,921.	1	345,203.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	35%				
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	ned				
		under section 4958(f)(1)), and persons descri	ribed in	sec)(B)	6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	I .				
		basis. Complete Part VI of Schedule D	1	0a	0.		
	b	Less: accumulated depreciation	🔟	0b	575.	10c	;
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e				1	345,203
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple)	21	
es	22	Loans and other payables to any current or f			2504		
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax			I		
		parties, and other liabilities not included on I of Schedule D				25	1,510.
	26	of Schedule D					1 - 1 -
	26	Organizations that follow FASB ASC 958,				20	1,310
Se		and complete lines 27, 28, 32, and 33.	CHECK	Here			
Š	27	Net assets without donor restrictions				27	
3ale	28	Net assets with donor restrictions				28	
ğ		Organizations that do not follow FASB AS					
Ŧ		and complete lines 29 through 33.	, ,				
þ	29	Capital stock or trust principal, or current fur	nds		0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, o					_
Ass	31	Retained earnings, endowment, accumulated					2 1 2 2 2 2
Net Assets or Fund Balances	32	Total net assets or fund balances					
2	33	Total liabilities and net assets/fund balances					

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>53.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{40.}{13.}$			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6	1	8,0	00.			
7	Investment expenses	7						
8	Prior period adjustments	8	-5	1,6	<u> 16.</u>			
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	34	3,6	<u>93.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	audit,						
	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 Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

2020

Open to Public Inspection

Employer identification number

SIMPLE GESTURE - GREENSBORO INC. 47-2995932 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	468,604.	449,299.	491,972.	578,928.	946,953.	2935756.	
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	468,604.	449,299.	491,972.	578,928.	946,953.	2935756.	
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)							
	Public support. Subtract line 5 from line 4.						2935756.	
	ction B. Total Support	<u> </u>						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	468,604.	449,299.	491,972.	578,928.	946,953.	2935756.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)						2935756.	
	Total support. Add lines 7 through 10	-1- (!11	>			40	2933730.	
12	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the	-		•			▶□	
Sec	organization, check this box and storetion C. Computation of Publi				•••••			
				column (f))		14	100.00 %	
15	Public support percentage from 2019						100.00 %	
	33 1/3% support test - 2020. If the o							
	stop here. The organization qualifies						. 57	
b	33 1/3% support test - 2019. If the o	. ,	•					
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts	-						
	meets the facts-and-circumstances te		•	-			. —	
b	10% -facts-and-circumstances test	•	•					
	more, and if the organization meets th	-						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organizatio	n did not check a	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					

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 Support	elow, please comp	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	. ,					
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		T	T	T	T	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources					-	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					-	
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on					-	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)					1	
13 Total support. (Add lines 9, 10c, 11, and 12.)	L			1		
14 First 5 years. If the Form 990 is for the	· ·		,	•	()()	<i>'</i>
check this box and stop here Section C. Computation of Publ						P
			l (f))		45	0/
15 Public support percentage for 2020 (15	<u>%</u>
16 Public support percentage from 2019 Section D. Computation of Investigation					10	%
17 Investment income percentage for 20			ine 13 column (f)		17	%
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box a						, 13 110t
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						. \square

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

		Yes	No
	1		
	•		
	2		
	3a		
	OI:		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10-		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2020

га	Gontinued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
			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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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	sapervised, or controlled the 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		100	110
-	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		
Sec	tion 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 in 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		
Sec	tion 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 year (see instructions).	-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l ' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? <i>If</i> "Yes," <i>then in</i> 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	20		
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
D	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organiz	zations	
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.			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type	III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	on D - Distribu	tions				Current Year
1	Amounts paid	to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid	to perform activity that directly furthers exemp	t purposes of supported			
	organizations,	in excess of income from activity			2	
3	Administrative	expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid	to acquire exempt-use assets			4	
5	Qualified set-as	side amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distribut	ions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual o	listributions. Add lines 1 through 6.			7	
8	Distributions to	attentive supported organizations to which th	ne organization is responsive			
	(provide details	s in Part VI). See instructions.			8	
9	Distributable a	mount for 2020 from Section C, line 6			9	
10	Line 8 amount	divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	on E - Distribu	tion Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable a	mount for 2020 from Section C, line 6				
2	Underdistribut	ons, if any, for years prior to 2020 (reason-				
	able cause req	uired - explain in Part VI). See instructions.				
3	Excess distribu	itions carryover, if any, to 2020				
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3	a through 3e				
g	Applied to und	erdistributions of prior years				
h	Applied to 202	0 distributable amount				
i	Carryover from	2015 not applied (see instructions)				
j	Remainder. Su	btract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for	or 2020 from Section D,				
	line 7:	\$				
а	Applied to und	erdistributions of prior years				
b	Applied to 202	0 distributable amount				
С	Remainder. Su	btract lines 4a and 4b from line 4.				
5	Remaining und	derdistributions for years prior to 2020, if				
	any. Subtract I	ines 3g and 4a from line 2. For result greater				
	than zero, expl	ain in Part VI. See instructions.				
6	-	derdistributions for 2020. Subtract lines 3h				
	and 4b from lin	ne 1. For result greater than zero, explain in				
	Part VI. See in	structions.				
7	Excess distrib	outions carryover to 2021. Add lines 3j				
	and 4c.					
	Breakdown of					
	Excess from 20					
b	Excess from 20	017				
С	Excess from 20	018				
d	Excess from 20	019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 A SIMPLE GESTURE - GREENSBORO INC.

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number**

SIMPLE GESTURE - GREENSBORO INC. 47-2995932

Organization type (Cried	on one).			
Filers of:	Section:			
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Ohaali if	and in account the the Community Durks are Constituted.			
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule	General Rule			
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 0-EZ, line 1. Complete Parts I and II.			
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.			
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> table, etc., contributions totaling \$5,000 or more during the year			
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to see the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

A SIMPLE GESTURE - GREENSBORO INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	WARD BLACK LAW 208 W WENDOVER AVENUE GREENSBORO, NC 27401	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	LINCOLN FINANCIAL FOUNDATION 1300 S. CLINTON ST. FORT WAYNE, IN 46802	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE FOUNDATION FOR A HEALTHY HIGH POINT 501 NORTH MAIN STREET, SUITE 2-B HIGH POINT, NC 27260	\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 DAVID & CLAUDIA BABB REICH FAMILY FOUNDATION 2314 PRINCESS ANN ST. GREENSBORO, NC 27408	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BLUE BELL FOUNDATION 100 N. MAIN ST., 6TH FLOOR WINSTON-SALEM, NC 27101	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TANNEBAUM-STERNBERGER FOUNDATION, INC. PO BOX 41199 GREENSBORO, NC 27404	\$10,000.	Person X Payroll

A SIMPLE GESTURE - GREENSBORO INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRAD PROCTON IRREVOCABLE TRUST PO BOX 20214 GREENSBORO, NC 27420	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BOB BIGGERSTAFF 5 CROSSFIELD CT GREENSBORO, NC 27408	\$9,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GUILFORD COUNTY GOVERNMENT PO BOX 3427 GREENSBORO, NC 27402	\$50,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 10	Name, address, and ZIP + 4 UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE GREENSBORO, NC 27405	\$\$8	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	FIRST EVANGELICAL LUTHERN CHURCH 3600 W. FRIENDLY AVE GREENSBORO, NC 27410	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	THE MARY LYNN RICHARDSON FOUNDATION 800 GREEN VALLEY RD, SUITE 203 GREENSBORO, NC 27408	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

A SIMPLE GESTURE - GREENSBORO INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	SMITH RICHARDSON FOUNDATION 701 GREEN VALLEY RD, SUITE 306 GREENSBORO, NC 27408	\$15,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>14</u>	JOCELYN PAZA 206 WOODFERN DR JAMESTOWN, NC 27282	\$6,417.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>15</u>	TRULIANT CREDIT UNION 3200 TRULIANT WAY WINSTON-SALEM, NC 27103	\$5,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 16_	Name, address, and ZIP + 4 THE P&G FUND OF THE GREATER CINCINNATI FOUNDATION 6200 BRYAN PARK BLVD BROWNS SUMMIT, NC 27214	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	WESTOVER CHURCH 403 MUIRS CHAPEL RD GREENSBORO, NC 27410	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	THE BLACKBAUD GIVING FUND 65 FAIRCHILD ST CHARLESTON, SC 29492	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

A SIMPLE GESTURE - GREENSBORO INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No.	(b)	(c)	(d)		
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

	E GESTURE - GREENSBOR	O INC.		47-2995932
fr	xclusively religious, charitable, etc., contributor any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, less duplicate copies of Part III if additiona	 a) through (e) and the following charitable, etc., contributions of \$1, 	line entry. For or	1(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations e year. (Enter this info. once.) \$\Bigsir* \bigsir*
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4		elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer		elationship of transferor to transferee
) No.			I	
rom Part I —	(b) Purpose of gift	(c) Use of giff	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	and ZIP + 4	Re	elationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held
_ -		(e) Transfer	of gift	
-	Transferee's name, address, a	and ZIP + 4	Re	elationship of transferor to transferee
1 -				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

A SIMPLE GESTURE - GREENSBORO INC.

Employer identification number 47-2995932

Part	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(2) 5
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Part	impermissible private benefit?		
			rait IV, lille 1.
1	Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation of land for public use (for example, recreation).	`	f a historically important land area
	Protection of natural habitat		of a historically important land area
	Preservation of open space	Fleservation o	n a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	,	
	Number of conservation easements modified, transferred, rel		
	year	odoca, extinguished, or terminated by the	o organization daring the tax
	Number of states where property subject to conservation eas	sement is located	
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>	3	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	▶ \$	3	3 ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	· ·	
Part		f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	
	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		

Schedule D (Form 990) 2020

e Other

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

	STURE - GREEN	SBORO INC. 47	/-2995932 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Port IV line	11h Soo Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
70 E	(a) Doon raide	(2)	a or your marrier raids
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	J		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•	•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	· · · · · ·	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes"	,	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5 5 555, Fait IV, III 6		(b) Book value
(1) Federal income taxes			, , = = =
(2) ACCRUED EXPENSES			1,510.
(3)			
(4)			
(5)			

(6) (7) (8) (9) 1,510. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization A SIMPLE GESTURE - GREENSBORO INC.						Employer identification number 47-2995932			
Part I General Information on Grants	and Assistance								
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance?								
Part II Grants and Other Assistance to	=				ganization answered "	Yes" on Form 990, Part	t IV, line 21, for any		
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
JEWISH FAMILY SERVICES 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410	23-7107693		0.	13,967.	FMV	NON-PERISHABLE	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.		
OUT OF THE GARDEN 300 NC-68 GREENSBORO, NC 27409	27-2772988		0.	143,120.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.		
BACKPACK BEGINNINGS 3707-D ALLIANCE DR. GREENSBORO, NC 27407	46-1251223		0.	239,518.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.		
OPEN DOOR MINISTRIES PO BOX 1528 HIGH POINT, NC 27261	56-1576543		0.	22,902.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.		
WEST END MINISTRIES 903 W ENGLISH ROAD HIGH POINT, NC 27262	56-2773642		0.	20,466.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.		
WARD STREET COMMUNITY RESOURCES 1619 WARD STREET HIGH POINT, NC 27260	30-0333962		0.	7,796.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.		
2 Enter total number of section 501(c)(3)3 Enter total number of other organization			ne line 1 table				>		

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch T	edule I (Form 990), Pa T	ırt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH							TO SUPPORT THE MISSION OF
2066 DEEP RIVER RD						NON-PERISHABLE	PROVIDING FOOD TO THOSE
HIGH POINT, NC 27265	46-1848698		0.	5,847.	FMV	FOOD ITEMS	IN NEED.
BURNS HILL NEIGHBORHOOD							TO SUPPORT THE MISSION OF
ASSOCIATION - 1200 LEONARD AVENUE						NON-PERISHABLE	PROVIDING FOOD TO THOSE
HIGH POINT, NC 27260	65-1308904		0.	5,847.	FMV	FOOD ITEMS	IN NEED.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, columi	h (b); and any other ad	ditional information.	
		•			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

A SIMPLE GESTURE - GREENSBORO INC.

Employer identification number 47-2995932

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			_
		арріісаріе		Form 990, Part VIII, line 1g	Horicash contribu	lion an	iourite	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		478,232.	SELLING PRI	CE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		ı		
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	sed for			7.7
	exempt purposes for the entire holding period?					30a		_ <u>X</u> _
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							_ <u>X</u> _
32a	Does the organization hire or use third parties o		_	•				v
_	contributions?					32a		<u> </u>
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	tor which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020 A SIMPLE GESTURE - GREENSBORD INC. 47-2995932 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-F7

► Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

A SIMPLE GESTURE - GREENSBORO INC.

Employer identification number 47 - 2995932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VOLUNTEER DONORS AND VOLUNTEER DRIVERS. OUR MISSION IS TO ASSIST THE LOCAL FOOD BANKS/PANTRIES BY REPLENISHING THEIR FOOD BANKS EVERY OTHER MONTH, YEAR ROUND. YOUR SIMPLE GESTURE IS TO BUY ONE ADDITIONAL, NON-PERISHABLE ITEM EVERY WEEK WHEN YOU GO SHOPPING, AND PLACE IT IN THE COOL, GREEN, BAG THAT WE PROVIDE. OUR VOLUNTEER DRIVERS WILL COME TO YOUR HOME, ON THE DATE SPECIFIED ON THE ATTACHED TAG ON YOUR GREEN BAG, COLLECT YOUR BAG OF FOOD, AND LEAVE ANOTHER COOL, GREEN BAG FOR YOU TO USE IN THE NEXT TWO MONTHS. IT'S THAT SIMPLE! FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO FILING THE TAX RETURN, THE BOARD OF DIRECTORS RECEIVES A COPY AND REVIEWS IT BEFORE THE TAX RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTOR WHO HAS A DIRECT OR INDIRECT INTEREST IN ANY TRANSACTIONS PRESENTED TO THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD SHALL DISCLOSE HIS OR HER INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

(Rev. January 2020) 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.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning and c	ending		
	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change			47-29959	32
	Initial return Final return/	3825 WEST MARKET STREET	Room/suite	E Telephone number 336-547-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	578,928.
	Ameno	GREENSBORO, NC 2/40/		H(a) Is this a group re	
	Application pending	F Name and address of principal officer: BOBBI G BIGGERSTAFF	1	for subordinates	? Yes X No
_	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
		e: HTTPS: //ASIMPLEGESTUREGSO.ORG	1	H(c) Group exemptio	
	art I	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2013 N	1 State of legal domicile: NC
•		Briefly describe the organization's mission or most significant activities: A SIM	IPLE G	ESTURE-GREEN	JSBORO TS A
٥	3 '	NOT-FOR-PROFIT, GRASS ROOTS FOOD COLLECTION			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Ž	3	3		3	3
ç	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			3
ď	5 5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			3
itio	6	Total number of volunteers (estimate if necessary)			600
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	, p	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
٥	8	Contributions and grants (Part VIII, line 1h)		491,972.	578,928.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
٥	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		491,972.	578,928.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		412,135.	390,626.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	3 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		85,166.	63,980.
Fynenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,205.	0.
Ž	[b	Total fundraising expenses (Part IX, column (D), line 25)		37,568.	111,375.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		541,074.	565,981.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-49,102.	12,947.
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	•
ts o	20 ·	Total assets (Part X, line 16)	DE	78,549.	End of Year 91,496.
Asse	21	Total liabilities (Part X, line 16)		0.	0.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		78,549.	91,496.
P	art II	Signature Block		- ,	,
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	gn	Signature of officer		Date	
He	re	BOBBY G BIGGERSTAFF, PRESIDENT			
		Type or print name and title	1 -) ata I	DTIN
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN
Pai		LESLIE L ANDERSON LESLIE L ANDERSO)N 1	0/22/20 self-employ	
	parer	Firm's name LESLIE ANDERSON CPA PC		Firm's EIN ▶	20-4831046
Use	Only	Firm's address 1101 NORWALK STREET			26) 400 0444
_		GREENSBORO, NC 27407		Phone no. (3	
Ма	ly the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Chack if Schoolule O contains a reasonable or note to any line in this Bert III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR MISSION IS TO ASSIST THE LOCAL FOOD BANKS AND PANTRIES BY
	REPLENISHING THEIR FOOD BANKS EVERY OTHER MONTH, YEAR ROUND.
	THE POST OF THE PO
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 506, 388. including grants of \$ 390, 626.) (Revenue \$ \$
	SINCE OUR INCEPTION IN 2015, WE HAVE COLLECTED OVER 900,000 POUNDS OF
	FOOD FROM APPROXIMATELY 11,650 DONORS TO HELP REPLENISH LOCAL FOOD
	BANKS AND PANTRIES.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 506,388.

Form 990 (2019) A SIMPLE GESTURE - GREENSBORO INC. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	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			
	similar amounts as defined in Revenue Procedure 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	6		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		X
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, VIII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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			
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	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	18		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? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2019) A SIMPLE GESTURE - GREENSBORO INC.

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			
	Schedule J	23		X
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
L	Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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			
	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			
	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 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
_	"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	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	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	- 31		
32	,	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33				x
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
0-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├ <u>^</u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

2019) A SIMPLE GESTURE - GREENSBORO INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line Form 1996 To		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ua		1
b	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
	and the second s	promote to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	=	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	المما			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	1		
	Section 501(c)(12) organizations. Enter:	100			
'' a		11a			
h	Gross income from other sources (Do not net amounts due or paid to other sources against				
-	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				_v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	16		$\stackrel{\Lambda}{\vdash}$
	n 100, complete i omi 4120, conecule o.				

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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	. L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	·· ⊢	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	. _	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	. [-	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	· [_	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	<u> </u> -{	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	. L i	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u>L</u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		I		
40			_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	· [-]	l0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	—	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	H	l1a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		l2a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a 12b	21	Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	·· -	12 0		
С		,	I2c	Х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	4	l5a		Х
	Other officers or key employees of the organization		5b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· -			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	1	l6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	. 4	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶NC				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s o	nly) a	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	-	• /		
	Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fir	nanc	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	BOBBY G. BIGGERSTAFF - 336-547-7000				
	3825 WEST MARKET STREET GREENSBORO NC 27407				

Form	aan	(2019)	

A SIMPLE GESTURE - GREENSBORO INC.

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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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 instructions for the order in which to list the persons above.

Check this box if neither the organization	ion nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	.
(A)	(B)			(C Pos	C)	,		(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than o	one	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	offi	, unie: cer ar	ss per nd a d	rson i irecto	is both or/trus	n an tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r dire				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ployee	l com				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANNE E. HENDRIX	15.00	=	=	0	Α_	Τ &	ъ.			
VICE PRESIDENT		Х		Х				0.	0.	0.
(2) HOWARD D. SHERRILL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) LESLIE L. ISAKOFF	40.00									
EXECUTIVE DIRECTOR				Х		_		50,000.	0.	0.
		ł								
		-								
		1								
						_				
		1								
		L								
										000

1 art	Section A. Officers, Directors, Trus	tees, Key Em _l	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do not check more th						Reportable	Reportable			imated	
		hours per week					is both or/trus		compensation	compensatio			ount of	
		(list any	tor						from the	from related organization			ther ensatio	n
		hours for	r direc				pa		organization	(W-2/1099-MIS			m the	•
		related	stee or	rustee			ensat		(W-2/1099-MISC)			_	nization	ı
		organizations below	nal trus	onal t		ployee	comp						related	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizations	3
			=	=	0	×	Ξ ω	ш						_
														_
														_
			_											
1h	Subtotal								50,000.		0.		0) .
	Subtotal Total from continuation sheets to Part VI								0.		0.) <u>.</u>
	Total (add lines 1b and 1c)							•	50,000.		0.			١.
	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 Э			
	compensation from the organization											1.	<u>, la</u>	0
3	Did the organization list any former officer,	director, trust	ee. k	cev e	empl	ove	e. or	hia	hest compensated emp	lovee on	ſ		Yes N	lo
	line 1a? If "Yes," complete Schedule J for s	•	,	,		,	,	٠		•		3	2	ζ
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	2	ζ_
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," comion B. Independent Contractors	plete Schedul	e J f	or su	ıch <u>ı</u>	oers	on					5	2	ζ_
	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	5100,000 of comp	 oensat	ion fro	m	_
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.				_
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C) ompen		
														_
														_
								\dashv						_
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organia	zation 🕨				()						00 (

47-2995932

Form 990 (2019)
Part VIII

rt VIII	Statement	of Revenue
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		Check if Schedule O	ontains	a response	or note to any line	e in this Part VIII			
					_	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Endorated compositions		10					
밥	_	Federated campaigns							
Gra	b								
Contributions, Gifts, Grants and Other Similar Amounts	С	•		1 1					
a g	d	Related organizations		1d					
ini	е	Government grants (contri	butions)	1e					
i S	f	All other contributions, gifts,	grants, an	d					
the the		similar amounts not included	above	1f	578,928.				
들	g	Noncash contributions included in I	ines 1a-1f	1g \$	432,142.				
a So	h	Total. Add lines 1a-1f				578,928.			
					Business Code				
	2 a								
Š	2 u b								
er ne									
n S	C								
ar Be	d								
Program Service Revenue	е								
а.	f	All other program service							
	g	Total. Add lines 2a-2f							
	3	Investment income (include							
		other similar amounts)							
	4	Income from investment o	f tax-exe	mpt bond p	roceeds				
	5	Royalties			>				
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)			•				
		Gross amount from sales of		Securities	(ii) Other				
	, a	assets other than inventory	7a		(1)				
	L	Less: cost or other basis	74						
o o	b								
ž		and sales expenses	7b						
ther Revenue		Gain or (loss)							
ĕ		Net gain or (loss)			P				
ige	8 a	Gross income from fundraisin	ng events	(not					
ō		including \$							
		contributions reported on							
		Part IV, line 18							
	b	Less: direct expenses		8b					
	С	Net income or (loss) from	fundraisi	ng events_					
	9 a	Gross income from gamin	g activiti	es. See					
		Part IV, line 19		9a					
	b	Less: direct expenses							
		Net income or (loss) from			•				
		Gross sales of inventory, le	-						
		and allowances		I					
	h	Less: cost of goods sold							
		Net income or (loss) from			'				
\dashv	U	Net income or (loss) from s	sales Ul I	inventory	Business Code				
ns	44 -				Business code				
e e	11 a								
Miscellaneous Revenue	b								
Sce	C								
Ξ		All other revenue							
		Total. Add lines 11a-11d				578,928.	0.	0.	0.
	12	Total revenue. See instruction	115		🟲 🛭	J10,340•	ı ∪•	ı U•	

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).

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do :	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		скрепосо	general expenses	схропосо
•	and domestic governments. See Part IV, line 21	390,626.	390,626.		
2	Grants and other assistance to domestic	330,0201	330,0201		
_					
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E0 000	27 500	12 500	
_	trustees, and key employees	50,000.	37,500.	12,500.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 004	6 550	0.054	
7	Other salaries and wages	9,004.	6,753.	2,251.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,976.	3,732.	1,244.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,880.		2,880.	
d	Lobbying				
е					
f	Investment management fees				
g					
,	column (A) amount, list line 11g expenses on Sch O.)	7,516.	7,256.	260.	
12	Advertising and promotion	7,516. 2,445.	7,256. 2,445.		
13	Office expenses	935.	701.	234.	
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,109.	5,332.	1,777.	
20		,, 100	3,332.	-,,,,,	
21	Interest Payments to affiliates				
	Depreciation, depletion, and amortization	406.	304.	102.	
22		947.	J04•	947.	
23	Insurance Other expenses. Itemize expenses not covered	7=1•		7=1•	
24	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.) CONTRACT LABOR	36,646.			36,646.
a	FACILITIES & EQUIPMENT	29,045.	29,045.		30,040.
b					
C	SUPPLIES TELEPHONE	16,404.	16,404.	£22	
d	TELEPHONE	2,131.	1,598.	533. 219.	
	All other expenses	4,911.	4,692.		26 646
25	Total functional expenses. Add lines 1 through 24e	565,981.	506,388.	22,947.	36,646.
26	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)				
					Earm 990 (2010)

Form 990 (2019)
Part X | Balance Sheet

га	LA	Dalance offeet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			77,568.	1	90,921.
	2	Savings and temporary cash investments		I		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	D				9	
	10a	Land, buildings, and equipment: cost or other					
			10a	2,199.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,624.	981.	10c	575.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			78,549.	16	91,496.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ş	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X			
		of Schedule D			_	25	_
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck her	∍ ▶ □			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27					27	
Ba	28	Net assets with donor restrictions				28	
P I		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗓			
Ē		and complete lines 29 through 33.					
<u>8</u>	29	Capital stock or trust principal, or current funds			0.	29	0.
ssei	30	Paid-in or capital surplus, or land, building, or ed			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			78,549.	31	91,496.
Se	32	Total net assets or fund balances		I	78,549.	32	91,496.
	33	Total liabilities and net assets/fund balances .			78,549.	33	91,496.

Form **990** (2019)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			28.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>81.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	<u>8,5</u>	49.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	2	9,0	<u>45.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	9,0	45.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9	1,4	96.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	audit,			
	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 Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	· · · · · · · · · · · · · · · · · · ·		Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Employer identification number Name of the organization SIMPLE GESTURE - GREENSBORO INC. 47-2995932 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	35,700.	468,604.	449,299.	491,972.	578,928.	2024503.	
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	35,700.	468,604.	449,299.	491,972.	578,928.	2024503.	
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)							
	Public support. Subtract line 5 from line 4.						2024503.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	35,700.	468,604.	449,299.	491,972.	578,928.	2024503.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)						2024502	
	Total support. Add lines 7 through 10		`				2024503.	
12	Gross receipts from related activities,	•	,			12		
13	First five years. If the Form 990 is for	~			•		▶ □	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				P	
	Public support percentage for 2019 (li			olumn (fl)		14	100.00 %	
15	Public support percentage from 2018						$\frac{100.00}{6}$	
	33 1/3% support test - 2019. If the c							
	stop here. The organization qualifies						. 57	
b	33 1/3% support test - 2018. If the co		•					
_	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	-						
	meets the "facts-and-circumstances"						. \Box	
b	10% -facts-and-circumstances test							
~	more, and if the organization meets the							
	organization meets the "facts-and-circ		•				. —	
18								

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	,		
_	10b	\0 E7\	2010

Par	t 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Saat	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations		1	
			Yes	No
	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). tion D. All Type III Supporting Organizations	1		
ocoi	tion B. All Type in 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		163	NO
	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		
	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		
	By reason of the relationship described in (2), 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		
Sect	tion 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 year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
	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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruc					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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 integrate	ed Type III supporting orga	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	ype III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts	paid to supported organizations to accomplish exer	npt purposes		
2	Amounts				
	organizat				
3	Administ				
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	tributions (describe in Part VI). See instructions.			
7	Total and	nual distributions. Add lines 1 through 6.			
8	Distributi	ons to attentive supported organizations to which th	e organization is responsive		
	(provide	details in Part VI). See instructions.			
9	Distributa	able amount for 2019 from Section C, line 6			
10	Line 8 an	nount divided by line 9 amount			
Secti	on E - Dis	stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributa	able amount for 2019 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2019 (reason-			
	able caus	se required- explain in Part VI). See instructions.			
3	Excess d	istributions carryover, if any, to 2019			
а	From 20	4			
b	From 20	5			
С	From 20	6			
d	From 20	7			
е	From 20	8			
f	Total of	ines 3a through e			
g	Applied t	o underdistributions of prior years			
h	Applied t	o 2019 distributable amount			
i	Carryove	r from 2014 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2019 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2019 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4.			
5	Remainir	g underdistributions for years prior to 2019, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	, explain in Part VI. See instructions.			
6	Remainir	g underdistributions for 2019. Subtract lines 3h			
	and 4b fr	om line 1. For result greater than zero, explain in			
	Part VI. S	See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdov	vn of line 7:			
а	Excess fr	om 2015			
b	Excess fr	om 2016			
С	Excess fr	om 2017			
d	Excess fr	om 2018			
е	Excess fr	om 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 A SIMPLE GESTURE - GREENSBORO INC.

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

SIMPLE GESTURE - GREENSBORO INC.

Employer identification number

47-2995932

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

A SIMPLE GESTURE - GREENSBORO INC.

47-2995932

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WARD BLACK LAW 208 W WENDOVER AVENUE GREENSBORO, NC 27401	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VF FOUNDATION 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LINCOLN FINANCIAL FOUNDATION 1300 S. CLINTON ST. FORT WAYNE, IN 46802	\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 THE FOUNDATION FOR A HEALTHY HIGH POINT 501 NORTH MAIN STREET, SUITE 2-B HIGH POINT, NC 27260	* 9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 DAVID & CLAUDIA BABB REICH FAMILY FOUNDATION 2314 PRINCESS ANN ST. GREENSBORO, NC 27408	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BLUE BELL FOUNDATION 100 N. MAIN ST. WINSTON-SALEM, NC 27101	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

A SIMPLE GESTURE - GREENSBORO INC.

47-2995932

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TANNEBAUM-STERNBERGER FOUNDATION, INC. PO BOX 41199 GREENSBORO, NC 27404	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WOMEN TO WOMEN GRANTS PROGRAM 330 SOUTH GREENE STREET, SUITE 100 GREENSBORO, NC 27401	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BRAD PROCTON 914 FLICKER LN. HIGH POINT, NC 27262	\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 BOB BIGGERSTAFF 3825 W. MARKET ST, SUITE 101 GREENSBORO, NC 27408	* 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

A SIMPLE GESTURE - GREENSBORO INC.

47-2995932

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SIMP	LE GESTURE - GREENSBORO	INC.		47-2995932			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se		that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. o	nce.) > \$			
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
			_				
		(e) Transfer of gift					
L	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
			_				
	(e) Transfer of gift						
	(-)						
	Transferee's name, address, an	d ZI P + 4	Relationship of tra	ansferor to transferee			
(-) NI -							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I			.,	<u> </u>			
			— I —				
			— I ———				
F		(e) Transfer of gift					
		(c, manerer er gine					
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee			
(a) N -			T				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
Part I	(7* 1*** 3 **		() =				
		(e) Transfer of gift					
		(e) Italisiei oi giit					
	Transferee's name, address, an	d ZI P + 4	Relationship of tra	ansferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SIMPLE GESTURE - GREENSBORO INC.

Employer identification number 47-2995932

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e conferring
Part	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
			
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	ial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fur	therance 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 treas		
	the following amounts required to be reported under FASB ASC		
	Revenue included on Form 990, Part VIII, line 1		> \$

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a L	_and				
b E	Buildings				
	easehold improvements				
d E	Equipment		1,599.	1,280.	319.
e 0	Other		600.	344.	256.
Total.	575.				

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 A SIMPLE G	ESTURE - GREEN	SBORO INC.	47-2995932 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 1	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990. Part X. col. (B) li Part X Other Liabilities.	ine 15.)	<u></u>	▶
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

(5) (6) (7) (8) (9)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

A SIMPLE	GESTURE -	GREENSBORO	INC.				47-2995932
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assi	istance?						X Yes No
2 Describe in Part IV the organization's pr	rocedures for monite	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	•				ganization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than					(f) Method of		Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES							TO SUPPORT THE MISSION OF
5509-C WEST FRIENDLY AVENUE						NON-PERISHABLE	PROVIDING FOOD TO THOSE
GREENSBORO, NC 27410	23-7107693		0.	15,229.	FMV	FOOD ITEMS	IN NEED.
OUT OF THE GARDEN							TO SUPPORT THE MISSION OF
300 NC-68						NON-PERISHABLE	PROVIDING FOOD TO THOSE
GREENSBORO, NC 27409	27-2772988		0.	173,386.	FMV	FOOD ITEMS	IN NEED.
BACKPACK BEGINNINGS							TO SUPPORT THE MISSION OF
3707-D ALLIANCE DR.						NON-PERISHABLE	PROVIDING FOOD TO THOSE
GREENSBORO, NC 27407	46-1251223		0.	138,730.	FMV	FOOD ITEMS	IN NEED.
OPEN DOOR MINISTRIES							TO SUPPORT THE MISSION OF
PO BOX 1528						NON-PERISHABLE	PROVIDING FOOD TO THOSE
HIGH POINT, NC 27261	56-1576543		0.	23,750.	FMV	FOOD ITEMS	IN NEED.
WEST END MINISTRIES							TO SUPPORT THE MISSION OF
903 W ENGLISH ROAD						NON-PERISHABLE	PROVIDING FOOD TO THOSE
HIGH POINT, NC 27262	56-2773642		0.	21,763.	FMV	FOOD ITEMS	IN NEED.
WARD STREET COMMUNITY RESOURCES							TO SUPPORT THE MISSION OF
1619 WARD STREET						NON-PERISHABLE	PROVIDING FOOD TO THOSE
HIGH POINT, NC 27260	30-0333962		0.	6,333.	FMV	FOOD ITEMS	IN NEED.
2 Enter total number of section 501(c)(3) a			ne line 1 table				_
3 Enter total number of other organization	is listed in the line 1	table					

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH 2066 DEEP RIVER RD HIGH POINT, NC 27265	46-1848698		0.	2,141.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
BURNS HILL NEIGHBORHOOD ASSOCIATION - 1200 LEONARD AVENUE - HIGH POINT, NC 27260	65-1308904		0.	2,237.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
GUILFORD FOOD PANTRY 202 FRANKLIN BLVD GREENSBORO, NC 27401	46-0495989		0.	7,055.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
_							0.1.1.1.1/5

Part III Grants a	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(6	1) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Suppler	nental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

A SIMPLE GESTURE - GREENSBORO INC.

Employer identification number 47-2995932

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
_	Securities - Closely held stock							
10								
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			200 606	G = 1 - 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	~=		
19	Food inventory	X		390,626.	SELLING PRI	CE		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other • ()							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, [Donee Acknowled	gement 29				
						_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?		•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31								Х
	Does the organization hire or use third parties							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	/ for which column (a) is che	cked			
-	describe in Part II.	S.G.11117 (O) 101	a type of property	, isi willon solullin (a) is offer	J.,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	/ (Form	990)	2019

Schedule M	1 (Form 990) 2019 A SIMPLE GESTURE - GREENSBORD INC. 47-2995932 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

A SIMPLE GESTURE - GREENSBORO INC.

Employer identification number 47 - 2995932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOLUNTEER DONORS AND VOLUNTEER DRIVERS. OUR MISSION IS TO ASSIST THE

LOCAL FOOD BANKS/PANTRIES BY REPLENISHING THEIR FOOD BANKS EVERY OTHER

MONTH, YEAR ROUND.

YOUR SIMPLE GESTURE IS TO BUY ONE ADDITIONAL, NON-PERISHABLE ITEM EVERY

WEEK WHEN YOU GO SHOPPING, AND PLACE IT IN THE COOL, GREEN, BAG THAT WE
PROVIDE. OUR VOLUNTEER DRIVERS WILL COME TO YOUR HOME, ON THE DATE
SPECIFIED ON THE ATTACHED TAG ON YOUR GREEN BAG, COLLECT YOUR BAG OF
FOOD, AND LEAVE ANOTHER COOL, GREEN BAG FOR YOU TO USE IN THE NEXT TWO
MONTHS. IT'S THAT SIMPLE!

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

PRIOR TO FILING THE TAX RETURN, THE BOARD OF DIRECTORS RECEIVES A COPY AND REVIEWS IT BEFORE THE TAX RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

A DIRECTOR WHO HAS A DIRECT OR INDIRECT INTEREST IN ANY TRANSACTIONS

PRESENTED TO THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD SHALL

DISCLOSE HIS OR HER INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization A SIMPLE GESTURE - GREENSBORO INC.	Employer identification number 47-2995932
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EXPENSE FOR DONATED USE OF FACILITIES	-29,045.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

A SIMPLE GESTURE - GR						AGE 10			47-2995932
Part I Election To Expense Certain Prop	erty Under Section 17	9 Note: If yo	ou have any lis	sted pro	operty, c	omplete Part	V bef	ore yo	
1 Maximum amount (see instructions)							L	1	1,020,000.
2 Total cost of section 179 property place	ced in service (see in	nstructions)					L	2	
3 Threshold cost of section 179 propert	y before reduction in	n limitation					L	3	2,550,000.
4 Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0				L	4	
5 Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -0	If married filin	g separately, see i	nstruction	ıs			5	
6 (a) Description of p	property		(b) Cost (busin	ess use o	nly)	(c) Elected of	cost		
7 Listed property. Enter the amount from	n line 29				7				
8 Total elected cost of section 179 prop								8	
9 Tentative deduction. Enter the smalle								9	
10 Carryover of disallowed deduction from								10	
11 Business income limitation. Enter the								11	
12 Section 179 expense deduction. Add				. [12	
Carryover of disallowed deduction to				▶	13				
Note: Don't use Part II or Part III below fo									
Part II Special Depreciation Allow	ance and Other De	preciation (Don't includ	le listed	property	y.)			
14 Special depreciation allowance for qua	alified property (other	er than listed	d property) pla	aced in	service o	during			
the tax year								14	
15 Property subject to section 168(f)(1) e	ection							15	
16 Other depreciation (including ACRS)								16	406.
Part III MACRS Depreciation (Don'	t include listed prop	perty. See in	structions.)						
		Se	ection A						
17 MACRS deductions for assets placed	in service in tax yea	ars beginning	g before 2019			<u></u>	<u>.</u>	17	
18 If you are electing to group any assets placed in ser	vice during the tax year int	o one or more g	eneral asset accou	unts, chec	k here .	<u></u> ▶ ∟			
Section B - Asset	s Placed in Service			Using t	he Gene	ral Deprecia	tion S	Syster	n
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) F	Recovery period	(e) Convention	(f) Me	thod	(g) Depreciation deduction
19a 3-year property									
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property				2	5 yrs.		S	/L	
h Decidential wastel assessed	/			27	.5 yrs.	MM	S	/L	
h Residential rental property	/			27	.5 yrs.	MM	S	/L	
. Name and and in the state of	/			39	9 yrs.	MM	S	/L	
i Nonresidential real property	/					MM	S,	/L	
Section C - Assets			Tay Voor He	sing the	Δlterna	tive Depreci	ation	Syst	em
20a Class life	Placed in Service I	During 2019	Tax Teal Us	Jing til	Aitorric				
	Placed in Service I	During 2019	Tax Teal Os		Aitorne		S	/L	
b 12-year	Placed in Service I	During 2019	Tax real Os		2 yrs.				
	Placed in Service I	During 2019	Tax Teal Os	1:		MM	S	/L	
b 12-year	Placed in Service I	During 2019	TAX TEAL OS	12	2 yrs.		S,	/L /L	
b 12-year c 30-year	<i>J</i>	During 2019	TAX TEAL OS	12	2 yrs. 0 yrs.	MM	S, S,	/L /L	
b 12-year c 30-year d 40-year Part IV Summary (See instructions.)	/		Tax Teal Os	12 30 40	2 yrs. 0 yrs.	MM	S, S,	/L /L	
b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from lin	/ / / ne 28			12 30 40	2 yrs. O yrs. O yrs.	MM	S, S,	/L /L /L	
b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 1 Listed property. Enter amount from lin	/ / ne 28 s 14 through 17, line	es 19 and 20	in column (g	12 30 40), and li	2 yrs. O yrs. O yrs. ne 21.	MM	S, S,	/L /L /L	406.
b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines	/ / le 28	es 19 and 20 tnerships ar	in column (g nd S corporat	12 30 40), and li	2 yrs. O yrs. O yrs. ne 21.	MM	S, S,	/L /L /L 21	406.

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - I	Depreciation	n and Other I	nformat	tion (Ca	ution:	See the	instruc	tions for li	mits for	passeng	er auton	nobiles.)		
 24a	Do you have evidence to su					$\overline{}$	Yes	No						Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or ther basis	l (h	(e) asis for deprousiness/invenues onl	estment	(f) Recovery period	Me	(g) ethod/ vention	Depre	(h) eciation uction		n 179
<u>2</u> 5	Special depreciation allow	wance for q	ualified listed p	roperty	placed	in servi	ce during	the ta	x year and	d					
	used more than 50% in a	qualified bu	usiness use								25				
26	Property used more than	50% in a qu	ualified busines	ss use:											
		: :	%	ń											
		: :	%	ń											
		: :	%	ó											
27	Property used 50% or les	s in a qualif	ied business u	se:											
		: :	9/	<u> </u>						S/L -					
		i i	9/	<u> </u>						S/L -					
		: :	%	ó						S/L -					
28	Add amounts in column ((h), lines 25	through 27. Er	iter here	and on	line 21	, page 1				. 28				
29	Add amounts in column ((i), line 26. E	nter here and	on line 7	⁷ , page ⁻	1							29		
			S	ection E	B - Infor	mation	on Use	of Veh	icles						
	mplete this section for ver our employees, first answ			n C to s	ee if you	u meet	an excep		completin	ng this s	ection fo	r those v	vehicles.		•
20	Total business/investment m	siloo drivon di	ring the	-	a) nicle	1	(b) ehicle	١,	(c) /ehicle		(d) hicle	1	e) hicle	(f Vehi	
30	year (don't include commuti		ı ı	VEI	IICIE	V	enicie	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	remide	V C	IIICIE	Vei	IIICIE	Veii	CIE
21	Total commuting miles d														
	Total other personal (non														
O_															
33	driven														
55	Add lines 30 through 32	-													
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.		•		100	110	100	110	100	110	100	110	100	110		110
35	Was the vehicle used pri														
-	than 5% owner or related														
36	Is another vehicle availab														
-	use?	•													
			- Questions fo	or Empl	overs W	/ho Pro	ovide Vel	nicles 1	for Use by	/ Their I	mplove	es			
Ans	swer these questions to de												ren't		
	re than 5% owners or rela									, - · ·	.,,				
	Do you maintain a writter			hibits a	ll persor	nal use	of vehicle	es, incl	uding con	nmuting	by your			Yes	No
					•				_	_					
38	Do you maintain a writter										our				
	employees? See the instr	ructions for	vehicles used	by corp	orate of	ficers, d	directors,	or 1%	or more o	wners					
39	Do you treat all use of ve	hicles by en	nployees as pe	rsonal u	use?										
	Do you provide more tha														
	the use of the vehicles, a				_										
41	Do you meet the requirer	nents conce	erning qualified	automo											
	Note: If your answer to 3														
Pá	art VI Amortization														
	(a)		2.1.	(b)		(c)			(d)		(e)			(f)	
	Description of o	costs		imortization pegins		Amortiz amou	able nt		Code section		Amortiza period or per		An fo	nortization r this year	
42	Amortization of costs tha	t begins du	ring your 2019	tax yea	ır:										
				: :											
43	Amortization of costs tha	it began bef	ore your 2019	tax year	r							43			
	Total. Add amounts in co											44			

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print A SIMPLE GESTURE - GREENSBORO INC. 47-2995932 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 3825 WEST MARKET STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 27407 GREENSBORO, NC Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 BOBBY G. BIGGERSTAFF The books are in the care of ► 3825 WEST MARKET STREET - GREENSBORO, NC 27407 Telephone No. \triangleright 336-547-7000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

3b

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

<u>A</u>	For the	2018 calendar year, or tax year beginning and e	ending		
	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	A SIMPLE GESTURE - GREENSBORO INC			
	Name change			47-2	995932
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 3825 WEST MARKET STREET	Room/suite	E Telephone numbe	r 547-7000
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	491,972.
	Ameno return	GREENSBORO, NC 27407		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: BOBBI G BIGGERSTAFF	1	for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
		e: ► HTTPS: //ASIMPLEGESTUREGSO.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2015 N	M State of legal domicile: NC
	_	Briefly describe the organization's mission or most significant activities: A SIM	ADIE C		AICHODO TO A
٩	1	NOT-FOR-PROFIT, GRASS ROOTS FOOD COLLECTION			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Ā	3	- · · · · · · · · · · · · · · · · · · ·		3	3
Ģ	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			3
oč V	5 5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3
<u>.</u>	6	Total number of volunteers (estimate if necessary)			400
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		449,299.	491,972.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		449,299.	491,972.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		388,064.	412,135.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		58,910.	85,166.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	6,205.
Š	b	Total fundraising expenses (Part IX, column (D), line 25) 6,20		24,707.	37,568.
_	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		471,681.	541,074.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-22,382.	-49,102.
	<u> 19</u>	nevertue less experises. Subtract line to from line 12		ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		127,651.	78,549.
Asse	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		127,651.	78,549.
P	art II	Signature Block	•	·	•
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	BOBBY G BIGGERSTAFF, PRESIDENT			
		Type or print name and title	Ir)oto I a	DTIM
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai		LESLIE L ANDERSON LESLIE L ANDERSO	טן אני	5/10/19 self-employ	
	parer	Firm's name LESLIE ANDERSON, CPA, PC		Firm's EIN ▶	20-4831046
USE	Only	Firm's address 1101 NORWALK STREET		Diam / 2	36 \ 102 2111
_		GREENSBORO, NC 27407		Phone no. (3	
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments	1
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO ASSIST THE LOCAL FOOD BANKS AND PANTRIES BY	_
	REPLENISHING THEIR FOOD BANKS EVERY OTHER MONTH, YEAR ROUND.	-
		-
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	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 services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$)
	FOOD FROM APPROXIMATELY 11,650 DONORS TO HELP REPLENISH LOCAL FOOD	_
		-
	BANKS AND PANTRIES.	_
		_
		_
		_
		_
		_
		_
		_
		_
41.		_
4b	(Code:) (Expenses \$)
		-
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 507,857.	

Page 3

Form 990 (2018) A SIMPLE GESTURE - GREENSBORO INC
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	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			
	similar amounts as defined in Revenue Procedure 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
^	Schedule D, Part III	8		
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
J		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	_ ا		₩
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	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	18		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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21	Х	
	, , , , , , , , , , , , , , , , , , ,			

Form 990 (2018) A SIMPLE GESTURE - GREENSBORO INC
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			
	Schedule J	23		x
24a	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	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<u> </u>		
32	, ,	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		20		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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?			_{3,7}
	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			
	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 in Schedule O for Part VI, lines 11b and 19?			
D-	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2018) A SIMPLE GESTURE - GREENSBORO INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2 a	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] 3	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		21	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of	0		31	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	4	1	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			51		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5	;	┼
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					_v
	any contributions that were not tax deductible as charitable contributions?			6	1	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6)	
7	Organizations that may receive deductible contributions under section 170(c).			-		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7:		+^-
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	 '	'	
C	to file Form 8282?	as req	ulled	70	.	x
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	70	,	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	on an artist of the first of the second of t	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			91	<u> </u>	
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l .				
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12	a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	•			13	а	
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
IJ	organization is licensed to issue qualified health plans	13b	1			
C	Enter the amount of reserves on hand	13c				
	Did the second still a second		1	14	а	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduling the tax years.			14		 <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			Ħ.		
-	excess parachute payment(s) during the year?			1:	,	x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	10	5	Х
	If "Yes," complete Form 4720, Schedule O.					

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	-25	
9	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		x
Sec		9	l	22
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	l NIa
10-	Did the examination have level charters branches as effiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	77
	, , , , , , , , , , , , , , , , , , , ,	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	Х	7.7
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BOBBY G. BIGGERSTAFF - 336-547-7000			
	3825 WEST MARKET STREET, GREENSBORO, NC 27407			

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week	-	Cer ai	lu a u	II ecic	Tritus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		(** 27 1033 141100)		and related
	below	dual	ution	<u>_</u>	Key employee	sst co	la er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) BOBBY G. BIGGERSTAFF	20.00									
CHAIRMAN, PRESIDENT AND TR		Х		Х				0.	0.	0.
(2) ANNE E. HENDRIX	15.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) HOWARD D. SHERRILL	5.00									
SECRETARY		Х		Х				0.	0.	0.
(4) LESLIE L. ISAKOFF	40.00								_	_
EXECUTIVE DIRECTOR				X		_		54,167.	0.	0.
						├				
		-								
						-				
		-								
						\vdash				
-										
				_		_				
		-								
	1			_				I	l	000

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C				,	
(A)	(B)			(C Pos	C) ition	1		(D)	(E)		(F)	
Name and title	Average hours per		not c	heck i	more	than		Reportable	Reportable		Estimate	
	week					is botl or/trus		compensation from	compensation from related	'	amount o	т
	(list any	tor						the	organizations		compensat	tion
	hours for	director				, .		organization	(W-2/1099-MIS		from the	
	related	trustee or	ıstee			nsate		(W-2/1099-MISC)	,	´	organizati	on
	organizations	l trus	nal tru		oyee	omp.					and relate	∍d
	below	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizatio	วทร
	line)	pul	lus	ij,	Key	훈통	-F			\dashv		
		-										
										1		
										\dashv		
										\dashv		
										1		
										\dashv		
										\dashv		
1b Sub-total	•							54,167.		0.		0.
c Total from continuation sheets to Part VI	I, Section A						•	0.		0.		0.
d Total (add lines 1b and 1c)								54,167.		0.		0.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization											Yes	0 N o
3 Did the organization list any former officer,	director or tru	ıeta	s ke	w en	nnlo	N/AA	or	highest compensated er	nnlovee on	Γ	163	140
line 1a? If "Yes," complete Schedule J for s										ľ	3	Х
4 For any individual listed on line 1a, is the su								ner compensation from t		···		
and related organizations greater than \$150										ľ	4	Х
5 Did any person listed on line 1a receive or a											7	
rendered to the organization? If "Yes." com	•				•					[5	Х
Section B. Independent Contractors	,											
Complete this table for your five highest co the organization. Report compensation for										nsat	ion from	
(A)	irie caleridai ye	sai e	JIIUII	ig w	ш	JI WI		(B)	ear.		(C)	
Name and business	address	NO	INC	3				Description of s	ervices	C	ompensation	1
2 Total number of independent contractors (ii	ncluding but no	ot lir	nited	d to	thos	se lis	sted	above) who received mo	ore than			
\$100,000 of compensation from the organization					_)					000	
											QQN (c	

47-2995932

		Chapte if Sahadula O cont	oino o roononoo	or note to any lin	o in this Dort VIII			
		Check if Schedule O conta	ains a response	or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues						
D, G	С	Fundraising events	1c					
iifts ar A	d	Related organizations	1 1					
s, G	е	Government grants (contributi						
Sign	f	All other contributions, gifts, gran						
ber		similar amounts not included above		491,972.				
Ę t	а	Noncash contributions included in lines		416,459.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	491,972.			
				Business Code				
Ð	2 a	l						
ķ	b							
Ser	С							
am eve	d							
Program Service Revenue	е							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	.,					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
_		Gross income from fundraising						
une		including \$						
, Ve		contributions reported on line						
Ä		Part IV, line 18	a					
Other Revenu	b	Less: direct expenses						
Ö		: Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	1						
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions			491,972.	0.	0.	0.

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).

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX	, ,	
Da	.	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	110 125	410 105		
	and domestic governments. See Part IV, line 21	412,135.	412,135.		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	54,167.	40,625.	13,542.	
6	Compensation not included above, to disqualified	,	,	, -	
J	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23,200.	17,400.	5,800.	
	Pension plan accruals and contributions (include	23,200	1,1400	3,000	
8	,				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,799.	E 040	1 050	
10	Payroll taxes	1,199.	5,849.	1,950.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	2,830.		2,830.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	6,205.			6,205.
f	Investment management fees				
g					
•	column (A) amount, list line 11g expenses on Sch 0.)	8,198.	7,485.	713.	
12	Advertising and promotion	4,902.	4,902. 607.		
13	Office expenses	809.	607.	202.	
14	Information technology				
15	Royalties				
16					
	Occupancy	3,933.	3,933.		
17	Travel	3,933.	3,333.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		224	100	
22	Depreciation, depletion, and amortization	406.	304.	102.	
23	Insurance	997.		997.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	8,896.	8,896.		
b	PRINTING AND COPYING	1,795.	1,795.		
С	TELEPHONE	1,580.	1,185.	395.	
d	VOLUNTEER EXPENSES	1,316.	1,316.		
e	All other expenses	1,906.	1,425.	481.	
25	Total functional expenses. Add lines 1 through 24e	541,074.	507,857.	27,012.	6,205.
26	Joint costs. Complete this line only if the organization	,	20.,007.	, , , ,	2,200
20	reported in column (B) joint costs from a combined				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018)
00001					

Form 990 (2018)
Part X | Balance Sheet

5		1					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			126,264.	1	77,568.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4				4		
Assets	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	` I			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).		· ·		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
		Land buildings and equipment: cost or other	1 1			Ū	
		hasis Complete Part VI of Schedule D	10a	2.199.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	1.218.	1,387.	10c	981.
	11		2,00,0	11	,,,,,		
	12	Investments - other securities. See Part IV, line		·····		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			127,651.	16	78,549.
	17	Accounts payable and accrued expenses			227,0021	17	7070250
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
i≣		0				22	
Ë	23	Secured mortgages and notes payable to unrela		d parties		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D	-	· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), chec	k here and			
"		complete lines 27 through 29, and lines 33 an					
ĕ	27	Unrestricted net assets				27	
alan	28					28	
B	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
Ē		and complete lines 30 through 34.		,,			
ts o	30	Capital stock or trust principal, or current funds		Г	0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
t A	32	Retained earnings, endowment, accumulated in			127,651.	32	78,549.
Se	33	Total net assets or fund balances			127,651.	33	78,549.
	24	Total liabilities and not assets/fund balances			127 651.	34	78 549.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,97	
2	Total expenses (must equal Part IX, column (A), line 25)	2	541	L,07	74.
3	Revenue less expenses. Subtract line 2 from line 1	3	-49	9,10)2 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	7,65	51.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	3 (0,04	<u>11.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3(0,04	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	78	3,54	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	audit,			
	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 in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** SIMPLE GESTURE - GREENSBORO INC 47-2995932 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		35,700.	468,604.	449,299.	491,972.	1445575.
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		35,700.	468,604.	449,299.	491,972.	1445575.
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)						
	Public support. Subtract line 5 from line 4.						1445575.
	ction B. Total Support	Г	T		T		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		35,700.	468,604.	449,299.	491,972.	1445575.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						1 4 4 5 5 5 5
11							1445575.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for				•		
Sec	organization, check this box and storection C. Computation of Publi		centage				P
14	Public support percentage for 2018 (I			olumn (fl)		14	100.00 %
15	Public support percentage from 2017						100.00 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the						
_	and stop here. The organization qual	•		•		·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
-	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ		•		•		▶ □
18	Private foundation. If the organization			•			• >

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 Support	now, please comp	piete i ait ii.)				
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(2) 2011	(2) 20:0	(4) = 0.10	(4), 2011	(0/20:0	(1)
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						.
Section C. Computation of Public						
15 Public support percentage for 2018 (li		•	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves					T T	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2018. If the						7 is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2017. If the	-	-		•		
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

_		Yes	No
l	1		
ŀ			
	2		
L			
ŀ	3a		
ľ	3b		
ļ	3c		
L			
ŀ	4a		
	4b		
ľ	4c		
ľ	5a		
L			
ŀ	5b		
ŀ	5c		
	6		
	7		
1			
ŀ	8		
	9a		
1			
ŀ	9b		
1	90		
	9c		
	10a		
ſ			
	10b		

Pal	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		——
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	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	stion 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		
Sec	tion 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 in (2), 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			
<u></u>	supported organizations played in this regard.	3		
	tion 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 year (see instructions)	•		
a	<u> </u>			
b		,		
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst. Activities Test. Answer (a) and (b) below.	ructions)	Yes	No
a			163	NO
u	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

2 Recc 3 Othe 4 Add 5 Depr 6 Porti colle main 7 Othe 8 Adju 6 ection B 1 Aggr instri a Aver b Aver c Fair	short-term capital gain overies of prior-year distributions er gross income (see instructions) I lines 1 through 3 oreciation and depletion tion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions) er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) 8 - Minimum Asset Amount pregate fair market value of all non-exempt-use assets (see	1 2 3 4 5 5 6 7 8		
3 Othe 4 Add 5 Depr 6 Porti colle main 7 Othe 8 Adju 6 ection B 1 Aggr instri a Aver b Aver c Fair	er gross income (see instructions) I lines 1 through 3 preciation and depletion tion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions) er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) 3 - Minimum Asset Amount	3 4 5 6 7		
4 Add 5 Depr 6 Porticolle main 7 Othe 8 Adju 6 Ection B 1 Aggr instri a Aver b Aver c Fair	I lines 1 through 3 preciation and depletion tion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions) er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) 3 - Minimum Asset Amount	6 7		
6 Porticolle main 7 Othe 8 Adju 6 Ecction B 1 Aggrainstra a Aver b Aver c Fair	preciation and depletion tion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intended of property held for production of income (see instructions) er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) 3 - Minimum Asset Amount	6 7		
6 Porticolle main 7 Othe 8 Adju 6 ection B 1 Aggrainstra a Aver b Aver c Fair	tion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions) er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) 3 - Minimum Asset Amount	6 7		
colle main 7 Othe 8 Adju 6 ection B 1 Aggr instru a Aver b Aver c Fair	ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions) er expenses (see instructions) susted Net Income (subtract lines 5, 6, and 7 from line 4) in the American Asset Amount	7		
main 7 Othe 8 Adju Section B 1 Aggr instri a Aver b Aver c Fair	ntenance of property held for production of income (see instructions) er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) 8 - Minimum Asset Amount	7		
8 Adju Section B 1 Aggr instri a Aver b Aver c Fair	er expenses (see instructions) usted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount	7		
section B 1 Aggr instru a Aver b Aver c Fair	usted Net Income (subtract lines 5, 6, and 7 from line 4) 3 - Minimum Asset Amount			
Aggrinstri a Aver b Aver c Fair	3 - Minimum Asset Amount	8		
1 Aggr instru a Aver b Aver c Fair				
instru a Aver b Aver c Fair	regate fair market value of all non-exempt-use assets (see		(A) Prior Year	(B) Current Year (optional)
a Aver b Aver c Fair	, 🔾			
b Aver	ructions for short tax year or assets held for part of year):			
c Fair	rage monthly value of securities	1a		
	rage monthly cash balances	1b		
d Tota	market value of other non-exempt-use assets	1c		
	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other			
facto	ors (explain in detail in Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Subt	stract line 2 from line 1d	3		
4 Cash	h deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see i	instructions)	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	tiply line 5 by .035	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
ection C	- Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1		
2 Ente	er 85% of line 1	2		
3 Minir	imum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ente	er greater of line 2 or line 3	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 A SIMPLE GEST			7-2995932 Page 7
	TV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	<u> </u>
	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 A SIMPLE GESTURE - GREENSBORO INC

47-2995932 Page 8

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

SIMPLE GESTURE - GREENSBORO INC

Employer identification number

47-2995932

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

A SIMPLE GESTURE - GREENSBORO INC

47-2995932

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WEAVER FOUNDATION 324 W WENDOVER AVENUE GREENSBORO, NC 27408	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VF FOUNDATION 105 CORPORATE CENTER BLVD GREENSBORO, NC 27408	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LINCOLN FINANCIAL FOUNDATION 100 N. GREENE STREET GREENSBORO, NC 27401	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

A SIMPLE GESTURE - GREENSBORO INC

47-2995932

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	000 000 F7 000 PF\ (0040)			

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** 47-2995932 SIMPLE GESTURE - GREENSBORO INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

A SIMPLE GESTURE - GREENSBORO INC

Employer identification number 47-2995932

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised 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 w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	· · ·	-
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	-		•
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·	
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
. u	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		arioe of public service, provide, irri art XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	doditori, or resourer in farther aree or pa	ibile service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		al gain, provide
_	the following amounts required to be reported under SFAS 11		ga, provide
а	Revenue included on Form 990, Part VIII, line 1		> \$
	A		A

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment		1,599.	960.	639.		
e Other		600.	258.	342.		
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2018

Schedule D (Form 990) 2016 A DIMI DE GEL	TORE GREEN	DDONO INC	TI ZJJJJJZ Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, lii	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	Farrer 000 Dart IV line	11d Cas Farms 000 Dart V II	dE
Complete if the organization answered "Yes" o	Description	Tra. See Form 990, Part A, II	(b) Book value
- <u> </u>	recomplient		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u>			
rus			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2018 OMB No. 1545-0047	Inspection
------------------------	------------

ž **Employer identification number** 47-2995932 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. GREENSBORO INC General Information on Grants and Assistance SIMPLE GESTURE criteria used to award the grants or assistance? Name of the organization Part I

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiz	ations and Domestic	Governments.	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II can	be duplicated if additic	f additional space is needed	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410	23-7107693		.0	30,150.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
OUT OF THE GARDEN 300 NC-68 GREENSBORO, NC 27409	27-2772988		0.	95,816.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
BACKPACK BEGINNINGS 3707-D ALLIANCE DR. GREENSBORO, NC 27407	46-1251223		0.	79,354.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
OPEN DOOR MINISTRIES PO BOX 1528 HIGH POINT, NC 27261	56-1576543		0.	15,527.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
WEST END MINISTRIES 903 W ENGLISH ROAD HIGH POINT, NC 27262	56-2773642		0.	17,558.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
WARD STREET COMMUNITY RESOURCES 1619 WARD STREET HIGH POINT, NC 27260	30-0333962		.0	5,488. FMV	ΔΝι	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.

3 Enter total number of other organizations listed in the line 1 table
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

N

Schedule I (Form 990) (2018)

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Page 1

Schedul	e I (Form 990)	A	SIMPLE	IMPLE GESTURE	1	GREENSBORO INC	INC	
Part II	Continuation of	of Gra	nts and Other	Assistance to (30ve	ernments and Organiza	tions in the United States	(Schedule I (Form 990), Part II.)

(a) Name and address of coganization or government if applicate if applicate constraints and address of coganization or government if applicate coganization or government coganization cogan	(b) EIN	(c) IRC section if applicable	tion (d) Amount of (e) Amoun of cash grant non-cash assistance		t of (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH 2066 DEEP RIVER RD HIGH POINT, NC 27265	46-1848698		.0	3,937.	FWV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
BURNS HILL NEIGHBORHOOD ASSOCIATION - 1200 LEONARD AVENUE - HIGH POINT, NC 27260	65-1308904		.0	5,992.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
GUILFORD FOOD PANTRY 202 FRANKLIN BLVD GREENSBORO, NC 27401	46-0495989		0.	14,557.	FMV	NON-PERISHABLE FOOD ITEMS	TO SUPPORT THE MISSION OF PROVIDING FOOD TO THOSE IN NEED.
							Schedule I (Form 990)

47-2995932 Schedule I (Form 990) (2018) A SIMPLE GESTURE - GREENSBORO INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(f) Description of noncash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			dditional information.					
(d) Amount of non- cash assistance			(b); and any other ac					
(c) Amount of cash grant			e 2; Part III, column					
(b) Number of recipients			ired in Part I, lin					
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	1				

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

SIMPLE GESTURE - GREENSBORO INC

Employer identification number 47-2995932

Гаі	LI	Types	ourloperty								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported Form 990, Part VIII,	d on	Method of noncash contri			8
1	Art -	Works of	art			,					
2			treasures								
3			interests								
4			plications								
5			ousehold goods								
			vehicles								
6											
7			nes								
8			perty								
9			blicly traded								
10			osely held stock								
11			rtnership, LLC, or								
		tinterests									
12			scellaneous								
13	Qua	lified conse	ervation contribution -								
		oric structı									
14			ervation contribution - Other								
15			esidential								
16	Real	estate - C	ommercial								
17	Real	estate - O	ther								
18	Colle	ectibles									
19	Food	d inventory	′	X		416,4	<u> 159.</u>	SELLING PI	RICE		
20	Drug	gs and med	dical supplies								
21	Taxi	dermy									
22	Histo	orical artifa	acts								
23			imens								
24			artifacts								
25		er 🕨 (()								
26	Othe	er 🕨 ()								
27	Othe	er 🕨 ()								
28	Othe	er 🕨 (,								
29			ms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for v	vhich the c	organization completed Form 828	83, Part IV, [Donee Acknowledg	ement 2	29				
			·				•			Yes	No
30a	Duri	na the vea	r, did the organization receive by	contributio	n anv property rep	orted in Part I. lines 1	throug	h 28. that it			
		•	at least three years from the date			•	•	*			
			ses for the entire holding period?						30a		X
b			ibe the arrangement in Part II.								
31			nization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard o	ontribut	ions?	31		X
			nization hire or use third parties of						··· ``		
JEU		ributions?	•						32a		Х
h			ibe in Part II.						OZ.d		
33		,	tion didn't report an amount in co	olumn (c) for	r a type of property	for which column (a)	is chec	ked			
55		cribe in Par		O.G. 101	a type of property	ioi willon column (a)	, 13 01160	mou,			
	GUU!	,,,oo iiii al	S 111								

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018 A SIMPLE GESTURE - GREENSBORO INC

47-2995932

Page 2

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

A SIMPLE GESTURE - GREENSBORO INC

Employer identification number 47-2995932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VOLUNTEER DONORS AND VOLUNTEER DRIVERS. OUR MISSION IS TO ASSIST THE
LOCAL FOOD BANKS/PANTRIES BY REPLENISHING THEIR FOOD BANKS EVERY OTHER
MONTH, YEAR ROUND.
YOUR SIMPLE GESTURE IS TO BUY ONE ADDITIONAL, NON-PERISHABLE ITEM EVERY
WEEK WHEN YOU GO SHOPPING, AND PLACE IT IN THE COOL, GREEN, BAG THAT WE
PROVIDE. OUR VOLUNTEER DRIVERS WILL COME TO YOUR HOME, ON THE DATE
SPECIFIED ON THE ATTACHED TAG ON YOUR GREEN BAG, COLLECT YOUR BAG OF
FOOD, AND LEAVE ANOTHER COOL, GREEN BAG FOR YOU TO USE IN THE NEXT TWO
MONTHS. IT'S THAT SIMPLE!
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING THE TAX RETURN, THE BOARD OF DIRECTORS RECEIVES A COPY AND
REVIEWS IT BEFORE THE TAX RETURN IS FILED WITH THE INTERNAL REVENUE
SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
A DIRECTOR WHO HAS A DIRECT OR INDIRECT INTEREST IN ANY TRANSACTIONS
PRESENTED TO THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD SHALL
DISCLOSE HIS OR HER INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization A SIMPLE GESTURE - GREENSBORO INC	Employer identification number 47-2995932
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EXPENSE FOR DONATED USE OF FACILITIES	-30,041.

2018 DEPRECIATION AND AMORTIZATION REPORT

	Beginning Current Current Year Ending Accumulated Sec 179 Deduction Accumulated Expense Depreciation		172. 86. 258	172. 86. 258		640. 320. 960	640. 320. 960	812. 406. 1,218						
	Basis For Be Depreciation Accu		.009	600.		1,599.	1,599.	2,199.						
	* Reduction In Basis													
	Section 179 Expense													
990	Bus % Excl													
	Unadjusted Cost Or Basis		.009	600.		1,599.	1,599.	2,199.						
	C C No.		16			16								Ī
	Life		7.00			5.00								
	Method		SL 7			SI 5								
	Date Acquired N		12/31/15			12/31/15								
FORM 990 PAGE 10	Description	FURNITURE & FIXTURES	DESK	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES	MACHINERY & EQUIPMENT	PRINTER	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	* GRAND TOTAL 990 PAGE 10 DEPR						
RM 990	Asset No.	I	2		-	Н								l
РО	·								l					L

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

990

	SIMPLE GESTURE - GRE	ENSBORO I	INC	FOR	м 990 ра	AGE 10		47-2995932
Pa	rt Election To Expense Certain Proper	ty Under Section 17	79 Note: If yo	ou have any lis	sted property, c	omplete Part '	V before y	ou complete Part I.
1 1	Maximum amount (see instructions)						. 1	1,000,000.
2	Total cost of section 179 property place							
3	Threshold cost of section 179 property	before reduction	in limitation				. 3	2,500,000.
4	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, ente	er -0-			4	
5 [Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filin	g separately, see i	nstructions		5	
6	(a) Description of pro	pperty		(b) Cost (busin	ess use only)	(c) Elected c	ost	
	Listed property. Enter the amount from							
	Total elected cost of section 179 prope							
	Tentative deduction. Enter the smaller							_
	Carryover of disallowed deduction from							
	Business income limitation. Enter the sr		•		,			
	Section 179 expense deduction. Add lir	•			, <u> </u>		12	
	Carryover of disallowed deduction to 20				▶ 13			
_	e: Don't use Part II or Part III below for I				a liated property	,)		
	Special Depreciation Alloware Special depreciation allowance for qual		•			•		
						ŭ	44	
	the tax year							
	Property subject to section 168(f)(1) ele Other depreciation (including ACRS)						16	406.
	rt III MACRS Depreciation (Don't	include listed pro	perty. See ir	structions.)			10	±00.
	minterio Depresiation (Dent		•	ection A				
17	MACRS deductions for assets placed in	service in tax ve	ars beginnin	n hefore 2018	1		17	
18	If you are electing to group any assets placed in servi	ce during the tax year ir	•	•		▶	ï 🕌	
18	If you are electing to group any assets placed in servi Section B - Assets		nto one or more g	eneral asset accou	ınts, check here _	▶ □		em
18			e During 20 (c) Basis for (business/ii	eneral asset accou	ınts, check here _	▶ □		(g) Depreciation deduction
	Section B - Assets	(b) Month and year placed	e During 20 (c) Basis for (business/ii	eneral asset account 18 Tax Year I repreciation investment use	Jsing the Gene	▶ ☐	ion Syste	
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Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

249. Buy alwaye evidence is support the business/investment use claimed? Yes No 249. If 'Yes, is the evidence written?? Yes No () 1/19 (ye) 4/19 (Section A - D	epreciatio	n and Other	Informa	tion (Ca	ution:	See the i	nstruc	tions for lir	mits for p	oasseng	er auton	nobiles.)			
Type of property (list vehicles) Business (list vehicles) Substantial period property (list vehicles) Substantial period	24a Do you have evidence to sup	port the bus	siness/investm	ent use cla	imed?	<u> </u>	/es	No	24 b If "Y	es," is th	ne evide	nce writt	en?	Yes	No	
used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Section 1	Type of property	Type of property Date Busin (list vehicles first) placed in investr		t o	Cost or		Basis for depreciation (business/investment		Recovery	Method/		Depreciation		(i) Elected section 179		
Property used more than 50% in a qualified business use: 1	·						_		•							
27 Property used 50% or less in a qualified business use:								<u></u>			25					
27. Property used 50% or less in a qualified business use: 196	26 Property used more than 5	50% in a qu							1	1						
27 Property used 50% or less in a qualified business use:		: :				_										
27 Property used 50% or less in a qualified business use:						_										
8 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (ii), lines 25 through 27. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehicl	OZ Droporty upod 500/ or loss								1							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Eaction 8 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (Vehicle Vehicle	21 Property used 50% or less	·				Т			I	C/I						
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