Form 990
Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

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

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

Do not enter social security numbers on this form as it may be made public.

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



АГ	or un	e 2019 calendar year, or tax year beginning and	enaing			
B C	heck if oplicab	e: C Name of organization		D Employer identified	cation number	
	Addre	B GOOD GRIEF OF NORTHWEST OHIO, INC.				
	Name	pe Doing business as	-	46-07653	19	
	Initial return		Room/suite	E Telephone number		
	Final	/	D	419-360-		
	termin ated			G Gross receipts \$	168,200.	
	Amen return	TOLEDO, OH 43815		H(a) Is this a group re		
	Applie tion pendi	F Name and address of principal officer: ANDREW O DECRER, CI	PA	for subordinates	? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: $X = 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)	
		te: WWW.GOODGRIEFNWO.ORG		H(c) Group exemption		
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2013 N	State of legal domicile: OH	
Pa	rt I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: TO P				
nc		CONTINUING EDUCATION AND TO PROVIDE GRIEF				
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass		
ove	3				13	
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u>13</u> 3	
es {	5		of individuals employed in calendar year 2019 (Part V, line 2a)			
viti	6				35	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		154,363.	109,724.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		643.	739.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,600.	51,013.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		209,606.	161,476.	
	13	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)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		127,407.	121,833.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	46.	101 550	=1 101	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		124,660.	71,491.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		252,067.	193,324.	
	19	Revenue less expenses. Subtract line 18 from line 12		-42,461.	-31,848.	
s or Ices			Be	ginning of Current Year	End of Year	
Assets d Balanc		Total assets (Part X, line 16)		236,524.	184,416.	
it As		Total liabilities (Part X, line 26)		31,225.	5,864.	
Euno		Net assets or fund balances. Subtract line 21 from line 20		205,299.	178,552.	

Part II Signature Block

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	ANDREW J DECKER, CPA,	TREASURER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Cher	ck PTIN			
Paid	LAUREN M. WEBBER	LAUREN M. WEBBER		employed P01783804			
Preparer	Firm's name 🕒 GILMORE JASION M		Firm's EIN	↓▶ 34-1827159			
Use Only	Firm's address 🖌 1785 INDIAN WOOD	CIRCLE					
	MAUMEE, OH 43537	Phone no.	419-794-2000				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		65319 _{Page} 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE GRIEF-RELATED CONTINUING EDUCATION AND TO PROVIDE G	
	SUPPORT SESSIONS WITH AGE-APPROPRIATE PEER GROUPS LED BY TRAIN	ED
	FACILITATORS FOR CHILDREN, TEENS, AND YOUNG ADULTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X Yes 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 b	
	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.	161 176
4a	· · · · · · · · · · · · · · · · · · ·	<u>161,476.</u>)
	TO PROVIDE GRIEF-RELATED CONTINUING EDUCATION AND TO PROVIDE G	
	SUPPORT SESSIONS WITH AGE-APPROPRIATE PEER GROUPS LED BY TRAIN	<u>ED</u>
	FACILITATORS FOR CHILDREN, TEENS, AND YOUNG ADULTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 128,520.	
		F_{0} (2010)

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FUIIII	330	(2013)

			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	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		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,	110		x
b	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	<u>11a</u>		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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		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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	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,	4-		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	~~	<u> </u>
19		10		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b		20a		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

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GOOD GRIEF OF NORTHWEST OHIO, 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		1				
	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					
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					
25a	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						
	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	8 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			
35a	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					
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	Х				
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	<u></u>	<u></u>				
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	-					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4					
^	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2019)			NORTHWEST		
Part V State	ements Regardin	g Other IRS	Filings and Tax	Complian	ce (continued)

					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	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
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 a	iccour	nt)?	4a		Х
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?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	inization solicit	A		х
Ŀ.	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributi			Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	rovided to the pavor?	7a		х
a h				7a 7b		- 11
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
Ŭ	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
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				
11	Section 501(c)(12) organizations. Enter:	۱	1			
a		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	4.4%				
100	amounts due or received from them.)	1041	ן ר	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	؛ 	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
				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				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
	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 remune					
	excess parachute payment(s) during the year?			15		Х
	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?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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GOOD GRIEF OF NORTHWEST OHIO, INC.

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 13			
	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 1b 13			
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, 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				
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
	persons other than the sourceming had 2	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a		8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?	oa 8b		Х
ь 9		do		- 11
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Δ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Na
10-	Did the exercited have lead charters brenches as efflicted?	100	res	No X
	Did the organization have local chapters, branches, or affiliates?	10a		л
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		v	
	in Schedule O how this was done	12c	X	37
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 OH			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website 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	financ	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			
	AJ DECKER - 419-360-4939			
	440 SOUTH REYNOLDS RD SUITE D, TOLEDO, OH 43615			

Name and title	Average hours per week (list any hours for related organizations below line)	stee or director gig of	not c , unle	ss pei	more rson	Highest compensated Highest compensated employee	h an stee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) CHRISTOPHER KASPAR, CPA	0.00									
PRESIDENT	0.00	Х		Х				0.	0.	0
(2) RACHAEL PAULE, PHR, SHRM-CP	0.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0
	0 00									

Check if Schedule O contains a response or note to any	ine in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Hi	ghest Compensated Employees
1a Complete this table for all persons required to be listed. Report co	pmpensation for the calendar year ending with or within the organization's tax y

GOOD GRIEF OF NORTHWEST OHIO, INC.

ear • 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."

(B)

• 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.

(C)

(D)

• 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.

(A)

Employees, and Independent Contractors

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	related organizations below line)	Individual trustee o	Institutional trustee	Officer	Key employee	Highest compensat employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) CHRISTOPHER KASPAR, CPA	0.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(2) RACHAEL PAULE, PHR, SHRM-CP	0.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) ANDREW DECKER, CPA	0.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) NANCY ANKNEY	0.00									
SECRETARY		Х		Х				0.	0.	0.
(5) BRIAN CHANDLEY	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(6) TONI EPPERSON	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) SOPHIA FISHER	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(8) STEPHEN HOUSE, JD	0.00									
TRUSTEE		Х						0.	0.	0.
(9) KIRA KLINE	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) LESLIE MEYER, MA, LPCC	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) BRYCE ROBERTS, MA, LPC	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(12) CYNDI SCULFORT	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(13) MARY YARK	0.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) DOROTHY MOCKENSTURM	40.00									
EXECUTIVE DIRECTOR	0.00	Х						52,000.	0.	0.
										Form 990 (2010)

(E)

(F)

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Form 990 (2019) GOOD GRI	EF OF NO	DRT	'HW	ES	т	ОН	IC), INC.	46-07	653	19	Pa	ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c , unles	ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation	(E) Reportable compensatior	ו ו	Estir amo	(F) matec ount o	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0		compe fror organ	m the nizatic relate	on d
										-+			
										+			
1b Subtotal c Total from continuation sheets to Part V	II, Section A							52,000. 0. 52,000.		0.0.0.			0.0.0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization ▶							o re			<u>••</u>			0
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>			-	•	•						3 Y	'es	No X
 For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors 											5		x
1 Complete this table for your five highest co the organization. Report compensation for								the organization's tax y		ensati		ו	
(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Cc	(C) ompens	ation	
2 Total number of independent contractors (i	ncluding but n	ot lin	nitec	d to t	thos	e lis	ted	above) who received m	ore than				
\$100.000 of compensation from the organi	zation 🕨				C)							

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	e or note to any line		(=)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1e					
Contribution: and Other Si	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g 5 Total. Add lines 1a-1f	109,724.	109,724.			
<u> </u>			Business Code				
Program Service Revenue	2a b c d e f						
	g	Total. Add lines 2a-2f	►				
	3 4 5	Investment income (including dividends, interest other similar amounts)	I proceeds	739.	739.		
	b c d	Gross rents (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) 6c Gross amount from sales of assets other than inventory (i) Securities					
Revenue	с	Less: cost or other basis and sales expenses					
Other F	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Ba 57,737. Bb 6,724.				
		Net income or (loss) from fundraising events		51,013.			51,013.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a 9b	·			
		Net income or (loss) from gaming activities					
	b	Less: cost of goods sold	Oa Ob				
	с	Net income or (loss) from sales of inventory					
sr			Business Code				
Miscellaneous Revenue	11 а ь						
ilan ven	b						
Sce	c d	All other revenue					
Ϊ	u A	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		161,476.	739.	0.	51,013.
				. , =			

GOOD GRIEF OF NORTHWEST OHIO, INC.

Form 990 (2019)

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Form 990 (2019)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			-	· · · ·
	and domestic governments. See Part IV, line 21				
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	52,000.	31,200.	10,400.	10,400.
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	59,927.	51,785.	5,561.	2,581.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,906.	7,344.	1,413.	1,149.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	7,168. 243.	<u>1,792.</u> 63.	<u>3,584</u> . 117.	<u>1,792</u> . 63.
12	Advertising and promotion				63.
13	Office expenses	6,592.	694.	4,000.	1,898.
14	Information technology				
15	Royalties				
16	Occupancy	42,270.	26,198.	8,036.	8,036.
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance	2,615.		2,615.	
24	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.)				
а	PROGRAM EXPENSES	8,619.	8,619.		
b	FUNDRAISING	1,827.			1,827.
С	BANK FEES	1,107.		1,107.	
d	TRAINING & DEVELOPMENT	750.	750.		
е	All other expenses	300.	75.	225.	05 545
25	Total functional expenses. Add lines 1 through 24e	193,324.	128,520.	37,058.	27,746.
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

	GOOD	GRIEF	OF	NORTHWEST	OHIO,	INC.	
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m 99 art 2		2019) GOOD GRIEF OF Balance Sheet	NORTHWEST OHIO,	INC.	46-0)765319 Page 11
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		67,273.	1	54,060.
	2	Savings and temporary cash investments		37,437.	2	22,469.
	3	Pledges and grants receivable, net			3	77,705.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqual				
		under section 4958(f)(1)), and persons describe			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9				9	
1	0a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
1	1	Investments - publicly traded securities		24,676.	11	30,159
	2	Investments - other securities. See Part IV, line			12	
	3	Investments - program-related. See Part IV, line			13	
	4	Intangible assets			14	
1	5	Other assets. See Part IV, line 11			15	23
	6	Total assets. Add lines 1 through 15 (must equ			16	184,416
	7	Accounts payable and accrued expenses			17	5,864
	8	Grants payable			18	
	9	Deferred revenue			19	0
	20	Tax-exempt bond liabilities			20	
2		Escrow or custodial account liability. Complete			21	
	2	Loans and other payables to any current or forr				
2		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the			22	
2	3	Secured mortgages and notes payable to unrel			23	
2		Unsecured notes and loans payable to unrelate			24	
2		Other liabilities (including federal income tax, pa				
	-	parties, and other liabilities not included on line				
			,		25	
2	26			31,225.	26	5,864
		Organizations that follow FASB ASC 958, cho				- /
		and complete lines 27, 28, 32, and 33.	· · · · · · · · · · · · · · · · · · ·			
2	27			205,299.	27	178,552
2	28			··· ·	28	
	-	Organizations that do not follow FASB ASC 9				
		and complete lines 29 through 33.				
2	9	Capital stock or trust principal, or current funds			29	
3	.5	Paid-in or capital surplus, or land, building, or e			30	
3		Retained earnings, endowment, accumulated in			31	
	2	Total net assets or fund balances				178,552.
13	3	Total liabilities and net assets/fund balances			33	184,416

Form **990** (2019)

Form 990 (2019) GOOD GRIEF OF NORTHWEST OHIO, INC.	46-07	55319	Pag	_{je} 12
Part 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	161		
2 Total expenses (must equal Part IX, column (A), line 25)	2	193	<u> </u>	
3 Revenue less expenses. Subtract line 2 from line 1	3	- 31	<u> </u>	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	205		
5 Net unrealized gains (losses) on investments	5	5	5,10)1.
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
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	178	3,55	52.
Part 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: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
		. 2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2 b	_	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
review, or compilation of its financial statements and selection of an independent accountant?		2 c	_	
If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			37
Act and OMB Circular A-133?		. <u>3a</u>		<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)