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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tay year beginning

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

Open to Public Inspection

	. 01		enaing		
В	Check applica	If C Name of organization		D Employer identif	fication number
	Add cha Nar	GOOD GRIEF OF NORTHWEST OHIO, INC.			
	cha	nge Doing business as		46-07653	319
	initi retu	m Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
	Fina retu tern	440 S REYNOLDS RD	D	419-360-	<u>-49</u> 39
_	ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	217,649.
F	retu	1011EDO, OH 43615		H(a) Is this a group	return
	tion	F Name and address of principal officer: ANDREW J DECKER, CP	A	for subordinate	s? Yes X No
_	_ `	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		xempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	a list. See instructions
		site: WWW.GOODGRIEFNWO.ORG		H(c) Group exemption	on number
		of organization: X Corporation Trust Association Other	L Year o		M State of legal domicile; OH
P	art i				
a	1	Briefly describe the organization's mission or most significant activities: TO PR	ROVIDE	GRIEF-RELA	TED
Activities & Governance		CONTINUING EDUCATION AND TO PROVIDE GRIEF	SUPPO	RT SESSIONS	WITH
Ë	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	************	3	13
O S	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
Se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	3
ŧ	6	Total number of volunteers (estimate if necessary)		6	35
i c	7 8			7a	0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		109,724.	166,709.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
e Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		739.	564.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,013.	48,511.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		161,476.	215,784.
	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.
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,833.	121,060.
38	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 21,91	ö 🗀	- 0.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,491.	40,473.
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		193,324.	161,533.
	19	Revenue less expenses. Subtract line 18 from line 12		-31,848.	54,251.
S &					
age	20 21 22	Total assets (Part X, line 16)		nning of Current Year 184, 416.	End of Year
ASS Base	21	Total liabilities (Part X, line 16)	····· -	5,864.	261,272. 24,211.
囏	22	Net assets or fund balances. Subtract line 21 from line 20		178,552.	
Pa	rt II	Signature Block		1/0,332.	237,061.
Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	nd etatement	r and to the heat of my	Impurised and a start it to
true.	corre	at, and complete. Declaration of preparer (other than officer) is based on all information of which	h proparor ba	o anu to the best of thy	knowleage and deliet, it is
		No. of the second secon	u hieharei na	is any knowledge.	
Sign	,	Signature of officer		Date	
Here		ANDREW J DECKER, CPA, TREASURER		Duto	
	-	Type or print name and title			
			Dat	Total C	7 DTIN
Paid		Print/Type preparer's name LAUREN M. WEBBER LAUREN M. WEBBER			PTIN
Prepa	arer	Firm's name GILMORE JASION MAHLER, LTD	<u>\</u>	/12/21 self-employe	
Jse (Firm's address 1785 INDIAN WOOD CIRCLE		Firm's EIN 🔊 3	34-1827159
	3	MAUMEE, OH 43537		440	704 0000
May	the II			Phone no. 4 19	794-2000
vidy	uie li	RS discuss this return with the preparer shown above? See instructions	**********	***********	Yes X No

	m 990 (2020) GOOD GRIEF OF NORTHWEST OHIO, INC. 46-0765319 Page art III Statement of Program Service Accomplishments	2
		_
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
	TO PROVIDE GRIEF-RELATED CONTINUING EDUCATION AND TO PROVIDE GRIEF	
	SUPPORT SESSIONS WITH AGE-APPROPRIATE PEER GROUPS LED BY TRAINED	_
	FACILITATORS FOR CHILDREN, TEENS, AND YOUNG ADULTS.	_
	THEIDITATIONS FOR CHIEDREN, TEENS, AND YOUNG ADULTS.	_
2	Did the exceptation undertake any state of	_
_	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	I les A No	٥
_	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?	D
	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 \$111, 217. including grants of \$) (Revenue \$) (Revenue \$)	1
	TO PROVIDE GRIEF-RELATED CONTINUING EDUCATION AND TO PROVIDE GRIEF	, ,
	SUPPORT SESSIONS WITH AGE-APPROPRIATE PEER GROUPS LED BY TRAINED	_
	FACILITATORS FOR CHILDREN, TEENS, AND YOUNG ADULTS.	_
	The state of the s	_
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	7
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	j
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		_
1.00		
ld	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
e	Total program service expenses ► 111, 217.	

Form **990** (2020)

			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	1		
	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
•		_		v
9	Schedule D, Part III	8		X
•	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	١,		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9_		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ľ	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	10		
	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	- 1	x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
Ç	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	ľ	X
e	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		- 1	-
	Schedule D, Parts XI and XII	12a		X
þ	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\rightarrow	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			
16	or more? If "Yes," complete Schedule F, Parts I and IV	14b	\dashv	<u>X</u>
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			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 1	7.7
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	X
• •		_		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	+	<u> </u>
		40	x	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	_18	<u>A</u>	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\dashv	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		\dashv	_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
32003	12-23-20	Form §		
			-	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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		i	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04 -	Schedule J	23		X
240	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
	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	24b		-
	any tax-exempt bonds?	1		ĺ
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u> </u>
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	OFI.		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
	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,	20		
	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	21		21
	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
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #	1		
	"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
	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	ļŢ	T	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1 1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		İ	
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
. 01			_	
	Check if Schedule O contains a response or note to any line in this Part V		[
4.5	Enter the number removed in Day 2 of Form 1000 February 2 March 2 Marc		Yes	No
I EI	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
	(gambling) winnings to prize winners? 12-23-20	1c	X	
<i>-</i> 320U4	16 ⁻ 64 ⁻ 64	Form §	7 9 ひ (2)	020)

Form 990 (2020) GOOD GRIEF OF NORTHWEST OHIO, INC.

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

			Yes	No
2	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	3		
- 1	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3:	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ŀ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	i At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
k	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ŀ	y and the state of the party to a promoted tax siletter transaction?	5b		X
0	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 the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a harmony in expense of the migraphy and a countribution and barrels for Arces by College for the DSAOL is	7a		X
b	, and the state of the goods of solvices provided t	7b		
G	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	I_ I		
d	to file Form 8282?	7c		<u> </u>
e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79	-	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
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	\dashv	
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.			
D	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			
	Enter the amount of reserves on hand			
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	<u>X</u> _
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		- 1.	77
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	_ -	<u>X</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	40		X
	If "Yes," complete Form 4720, Schedule O.	16		<u>~</u>

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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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 13 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? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH 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) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AJ DECKER - 419-360-4939

OH

43615

440 SOUTH REYNOLDS RD SUITE D, TOLEDO,

orm 990 (2020) GOOD GRIEF OF NORTHWEST OHIO	. I
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46-0765319

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Form 990 (2020)

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

032007 12-23-20

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	nor any related	orga	aniza	tion	COL	mpei	nsat	ted any current officer, d	lirector, or trustee.	
(A) Name and title	(B) Average hours per week	ge (C) Position (do not check more than one box, unless person is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOROTHY MOCKENSTURM	40.00	Ţ				П	Г			
EXECUTIVE DIRECTOR		X		_		L	_	52,000.	0.	0.
(2) BRYCE ROBERTS, MA, LPC PRESIDENT	0.00	ł								
(3) LESLIE MEYER, MA, LPCC	0.00	X	Н	X	L	<u> </u>	H	0.	0.	0.
VICE PRESIDENT	0.00	x		х						
(4) ANDREW DECKER, CPA	0.00	A		<u> </u>	_		\vdash	0.	0.	0.
TREASURER	0.00	x		x				0.	ا م	0
(5) NANCY ANKNEY	0.00	<u> </u>	Н				-	0.	0.	0.
SECRETARY	0.00	x		x				0.1	0.	0.
(6) NICK AMLIN	0.00							- 0.	0.	<u> </u>
TRUSTEE		X						0.	0.	0.
(7) BRIAN CHANDLEY	0.00					П				
TRUSTEE		x						0.	0.	0.
(8) CHRIS KASPAR, CPA	0.00									
TRUSTEE		X						0.	0.	0.
(9) STEPHEN HOUSE, JD	0.00			П						
TRUSTEE		X						0.	0.	0.
(10) KIRA KLINE	0.00									
TRUSTEE		X		_	_			0.	0.	0.
(11) MARY-BETH MATTHEWS	0.00									
TRUSTEE		X	_	_	_	_	_	0.	0.	0.
(12) RACHAEL PAULE, PHR, SHRM-CP	0.00				ı			_		
	0.00	X	\dashv	4	\dashv	-		0.	0.	0.
(13) STEFANIE PEER, MSW, LISW-S TRUSTEE	0.00									_
(14) MARY YARK	0.00	X	-	-+	\dashv	\dashv	\dashv	0.	0.	0.
TRUSTEE		x		ı		ļ		_		
	 	弁	\dashv	\dashv	\dashv	\dashv	\dashv	0.	0.	
]	
	 	\dashv	+	\dashv	\dashv	-+	\dashv			
		-			-					
		_	\dashv	\dashv	\dashv	\dashv	\dashv			
022007 40 02 00							_			- 000

Га	C VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	<u>đ Hi</u>	ghe	st C	ompensated Employed	s (continued)			
	(A)	(B)			-{(C)			(D)	(E)			(F)
	Name and title	Average	١.,.			itior			Reportable	Reportable	е	1	imated
		hours per	box	o noτ α ς, unle	:neck ISS þe	more rson	than	one han	compensation	compensati		ame	ount of
		week	offi	icer a	nd a d	lirecto	or/trus	tee)	from	from relate	d	0	ther
		(list any	Individual trustee or director						the	organizatio	ns	comp	ensation
		hours for	를				區		organization	(W-2/1099-MI	SC)	fro	m the
		related	le c	nster			BSE		(W-2/1099-MISC)			orga	nization
		organizations	Ī	Institutional trustee		Кеу етрюуее	Highest compensated employee					l .	related
		below line)	l ig	慧	Officer	E E	Pest	Former				orgar	nizations
		in ie)	를	<u>=</u>	₽	\$	宝	Ē					
				-	\vdash	\vdash	-						
								Т				-	
					Н	H							
					Ш								
_			-	Н	Н		Н	Н					
1b	Subtotal								52,000.		0.		0.
	Total from continuation sheets to Part VII								0.		0.		0.
	Total (add lines 1b and 1c)								52,000.		0.	_	0.
2	Total number of individuals (including but no							o rec		000 of reportable			
_	compensation from the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.0,	, .,,,,		oonoa moro alaa i proo,	oo or roportus;	~		0
												Y	es No
3	Did the organization list any former officer,	director, truste	e, k	өу ө	mple	oyee	e, or	high	nest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for su	ıch individual							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	,000? If "Yes,"	" ÇOI	mple	te S	che	dule	J fo	or such individual			4	X
5	Did any person listed on line 1a receive or a									ual for services			
	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ch p	erso	on					5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con	•	-								oensat	ion from	ı
	the organization. Report compensation for the	ne calendar ye	ar e	ndin	g wr	th o	r wit	hin 1		ar.		401	
	(A) Name and business	address	NC	NE	ı				(B) Description of se	nices	C	(C) ompens	ation
			140	/IAT				+	23001121131	111000		J.11p J.11D	utioi i
			_					+					
								+					
		<u> </u>											
2	Total number of independent contractors (in	cluding but no	t Jim	ited	to ti	hose	e list	ed a	above) who received mo	re than			
	\$100,000 of compensation from the organiz	_				0							

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
23 29	1 8	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues 1b					
		Fundraising events 1c					
		d Related organizations 1d					
2.5]	Government grants (contributions) 1e	24,100.				
Sis)	All other contributions, gifts, grants, and					
\$ 5	'	similar amounts not included above 1f	142,609.				
불통	١,	Noncash contributions included in lines 1a-1f	112/0036				
, E		Total. Add lines 1a-1f		166,709.	11		
		Total, Add into 12-11	Business Code	100,703.			
	2 8		Dadii Raa Godo				
Ş	t		-				
E S.					-		
E 99							
Pra Re					·		
Program Service Revenue	e	All other recent condenses					
-		All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		564.	564.		
		other similar amounts)		204.	504.		-
	4	Income from investment of tax-exempt bond p	7				
	5	Royalties(i) Real					
	_		(ii) Personal				
	6 a	Gross rents	 				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
		Net rental income or (loss)	(I) (II)				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a				100	
	b	Less: cost or other basis	1				
ᆲ		and sales expenses 7b					
8	C	Gain or (loss)7c					
ther Revenue	d	Net gain or (loss)					
Per l	8 a	Gross income from fundraising events (not	1				
δ		including \$ of		- 1			
		contributions reported on line 1c). See	l l				
		Part IV, line 188a					
		Less: direct expenses8b	1,865.				
- 1		Net income or (loss) from fundraising events		48,511.			48,511.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities					
- 1	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
ľ	Ь	Less: cost of goods sold10b					
-		Net income or (loss) from sales of inventory					
ر د			Business Code				
2 4	11 a						
	b						
	C	_ 					
Miscellaneous Revenue		All other revenue					
$\overline{}$	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		215,784.	564.	0.	48,511.
032009	12-23	-20			·		Form 990 (2020)

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 response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 52,000. 31,200. 10,400. 10,400. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 61,075. 52,636. 5,725. 2,714. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,985. Payroll taxes 10 5,920. 1,139.926. 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services, See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 1,416. 354. 708. 354. Advertising and promotion 274. 12 71. 132. 71. 1,813. Office expenses 200. 13 1,248. 365. Information technology 14 15 Royalties 16 Occupancy 23,543. 14,591. 4,476. 4.476. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 Insurance 23 3,553. 3,553. Other expenses, Itemize expenses not covered 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 O.) PROGRAM EXPENSES 6,016. 6,016. FUNDRAISING 2,604. 2,604. BANK FEES 1,025. 1,025. d TRAINING & DEVELOPMENT 229. 229. e All other expenses Total functional expenses. Add lines 1 through 24e 161,533. 111,217. 28,406. 21,910. 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)

Dort V Bolomas Ch

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part			(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	54,060.		163,744
	2	Savings and temporary cash investments	22,469.		22,483
i	3	Pledges and grants receivable, net		3	40,320
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	30,159.	11	34,725
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	184,416.	16	261,272
	17	Accounts payable and accrued expenses	5,864.	17	24,211.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္တ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
8		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24). Complete Part	C		
		of Schedule D		25	04 044
_	26	Total liabilities. Add lines 17 through 25	5,864.	26	24,211.
		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.	150 550		005 061
틸	27	Net assets without donor restrictions		27	237,061.
8	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
띦		and complete lines 29 through 33.			
<u> </u>	29	Capital stock or trust principal, or current funds		29	
888	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	4 - 2 2	31	227 061
ž	32	Total net assets or fund balances	1 404 446	32	237,061.
_	33	Total liabilities and net assets/fund balances	184,416.	33	261,272. Form 990 (2020

<u>Forn</u>	990 (2020) GOOD GRIEF OF NORTHWEST OHIO, INC.	46-	0765319	Pa	ge 12
Pa	rt 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			84.
2	Total expenses (must equal Part IX, column (A), line 25)	2			33.
3	Revenue less expenses. Subtract line 2 from line 1	3	54	, 2	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	178	3,5	<u>52.</u>
5	Net unrealized gains (losses) on investments	5	4	, 2	58.
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	237	, 0	<u>61.</u>
Pa	rt XIII 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	Э.			
2 a	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		tent		
Ь	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				
C	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	dule O.	14.5		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	yle Audi	t		
	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 audi	:		
	ex guidite, explain why an Schoolule O and describe any stone taken to undergo quah guidite		2h		

Form **990** (2020)