			** PUBLIC DISCLOSURE COP			OMB No. 1545-0047				
	0	00	Return of Organization Exempt F	rom ir	icome rax					
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (• • •	2023					
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as	•	Open to Public Inspection					
Department of the reasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024										
_				ں naing						
B C a	heck if pplicab	le: C Name o	forganization		D Employer identificat	tion number				
	Addre	CRAC	EHAVEN INC.							
	chang Name		usiness as		26-2471442	>				
	chang Initial return	·		Room/suite	E Telephone number	•				
	Final return	5000	ARLINGTON CENTRE BLVD	toom/suite	(614)848-4	1870				
	termir	, 	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,855,557.				
	Amen return	ded COT TI	MBUS, OH 43220		H(a) Is this a group retu					
	Applic tion	F Name a	nd address of principal officer: SCOTT ARNOLD		for subordinates?					
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No				
<u> 1</u>	ax-ex	empt status: [r 📃 527	If "No," attach a lis	t. See instructions				
	Vebsi		S://WWW.GRACEHAVEN.ME		H(c) Group exemption r					
			X Corporation Trust Association Other	L Year (of formation: 2008 M S	State of legal domicile: OH				
Pa	rt I	Summary								
Ð	1	Briefly describ	e the organization's mission or most significant activities: SEE S	CHEDU	LE O					
Governance										
ern		Check this bo			1.1					
So So						<u> </u>				
			lependent voting members of the governing body (Part VI, line 1b)			50				
ties			of individuals employed in calendar year 2023 (Part V, line 2a)							
Activities &	6	Total uprolato	of volunteers (estimate if necessary)			26 0.				
Ac			business taxable income from Form 990-T, Part I, line 11			0.				
		The amolated			Prior Year	Current Year				
•	8	Contributions	and grants (Part VIII, line 1h)		848,209.	1,153,546.				
nue	9	Program servi	297,909.	577,159.						
Revenue	10	Investment in	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		8,562.	1,492.				
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		124,497.	97,377.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,279,177.	1,829,574.				
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
			to or for members (Part IX, column (A), line 4)		0.	0.				
es			compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		816,888.	955,658.				
Expenses			undraising fees (Part IX, column (A), line 11e)	····· –	0.	0.				
ă.			ing expenses (Part IX, column (D), line 25) 105,82		700 607	0/5 126				
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		708,687.	845,136. 1,800,794.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-246,398.	28,780.				
- 2		Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
Net Assets or	20	Total assets (F	Part X line 16)		1,533,235.	1,589,429.				
Asse	21		Part X, line 16) (Part X, line 26)		894,047.	920,838.				
Net,	22		fund balances. Subtract line 21 from line 20	639,188.	668,591.					
	rt II	Signature			,	,				
Und	er pena	-	I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my kr	owledge and belief, it is				
			Declaration of preparer (other than officer) is based on all information of which			- ·				
			· · · · ·	· · · · · · · · · · · · · · · · · · ·						
Sig	า	Signature of or	ficer		Date					
Her		SCOTT A	RNOLD, EXECUTIVE DIRECTOR							

	Type or print na	me and title										
	Print/Type prep			Preparer's signa		Date	Check	PTIN				
Paid	NATOSHA	CARR		NATOSHA	CARR	10/30/2	24 self-employed	P012253	77			
Preparer	Firm's name	CLARK,	SCHAEFER,	HACKETT	& CO.	Fi	m's EIN 31-	0800053				
Use Only	Firm's address	4449 E	ASTON WAY,	SUITE 40	0							
		COLUMB	US, OH 4321	L9		Pt	none no.614-	885-220	8			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)											

Form		ige 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	GRACEHAVEN SERVES YOUTH AND FAMILIES THROUGH A TEAM OF CHRISTIAN	
	WORKERS AND LIKE-MINDED PARTNERS BY PROVIDING SEX TRAFFICKING	
	PREVENTION SERVICES AND BY EMPOWERING YOUTH RESCUED FROM	
	SEX-TRAFFICKING TO THRIVE WITH DIGNITY IN A RENEWED LIFE.	
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?	No
•	If "Yes," describe these changes on Schedule O.	1.10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		
	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 \$	/•)
	RESIDENTIAL SERVICES FOR SURVIVORS: PROVIDING TRAUMA INFORMED CARE TO	
	SURVIVORS OF DOMESTIC MINOR SEX TRAFFICKING WHERE YOUTH ARE PLACED IN	
	OUR RESIDENTIAL HOME. SERVICES INCLUDE SAFE HOUSING, COUNSELING AND	
	THERAPEUTIC GROUPS, RECREATIONAL ACTIVITIES, LIFE SKILLS, DROPOUT	
	RECOVERY SUPPORT FOR EDUCATION, MENTOR MATCHING OPPORTUNITIES AND	
	OPTIONAL FAITH BASED PROGRAMS AND CHAPLAINCY SERVICES.	
4b	(Code:) (Expenses \$ 725,456. including grants of \$) (Revenue \$ 93,412	2
чо	COMMUNITY-BASED SERVICES FOR SURVIVORS: PROVIDING TRAUMA INFORMED CARE	<u> </u>
	TO SURVIVORS OF DOMESTIC MINOR SEX TRAFFICKING WHERE THEY ARE PLACED	
	WITH FAMILY OR COMMUNITY AGENCIES. SERVICES INCLUDE CASE MANAGEMENT,	
	MENTOR MATCHING, LIFE SKILLS COACHING, GROUP ACTIVITIES AND OPTIONAL	
	FAITH BASED PROGRAMS.	
4c	(Code:) (Expenses \$ 62,239. including grants of \$) (Revenue \$ 30	J .)
	COMMUNITY EDUCATION SERVICES: THIS INCLUDES PROGRAMMING TO MIDDLE AND	/
	HIGH SCHOOL AGED STUDENTS IN THE FORM OF PREVENTION EDUCATION. THESE	
	PROGRAMS ARE DESIGNED TO HELP STUDENTS IDENTIFY CIRCUMSTANCES AND	
	INDIVIDUALS WHO ARE ATTEMPTING TO GROOM THEM TO BE TRAFFICKED.	
	ADDITIONALLY, WE PROVIDE INTERVENTION TRAINING TO ADULTS SERVING YOUTH	
	IN VARIOUS VOCATIONAL ENDEAVORS TO HELP WITH THE IDENTIFICATION OF	
	TRAFFICKED YOUTH AND A RESPONSE PROTOCOL ONCE A TRAFFICKED YOUTH HAS	
	BEEN IDENTIFIED. FINALLY, WE PROVIDE SPEAKERS AND TRAINERS TO PRESENT	
	IN THE COMMUNITY TO RAISE AWARENESS OF THE ISSUE OF HUMAN TRAFFICKING	
	AND HOW COMMUNITY MEMBERS CAN BE INVOLVED.	
<u> </u>		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,392,073.	
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Form 990 (2023) GRACEHAVEN 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? See instructions	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 Rev. Proc. 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		_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?			77
	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			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,	44-	х	
h	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<u></u>
u	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	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 13	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		х
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		х
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		х
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		Х
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. See instructions	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	Х	
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		Х
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Form 990 (2023) GRACEHAVEN 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			х					
	Schedule J								
24a	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		х					
	Schedule K. If "No," go to line 25a								
	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	04-							
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240							
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250							
	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		х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
	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		х					
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 the 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 line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in noncash 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			77					
.	contributions? If "Yes," complete Schedule M	30		X X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х					
~~	Schedule N, Part II	32							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х					
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23					
34		34	х						
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000							
	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		х					
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 on Schedule O for Part VI, lines 11b and 19?								
-	Note: All Form 990 filers are required to complete Schedule O	38	Х						
Par									
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>						
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v						
	(gambling) winnings to prize winners?	1c	X QQO	(2023)					
332004	12-21-23	⊢orm	330	(2023)					

Form	990 (2023) GRACEHAVEN INC. 26-2471 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	442	P	age 5					
T al			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 50								
b									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			77					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
Fo	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		х					
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
	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?	<u>6a</u>		X					
b	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).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>					
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?	8							
9	Sponsoring organization have excess business holdings at any time during the year?								
a	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:								
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 10b								
11	Section 501(c)(12) organizations. Enter:								
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								
	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							
b	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.	120							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
ь	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand	-							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	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?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.		0000						
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	tion A. Governing Body and Management			-
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	-		
	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 9	4		
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		
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
- 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		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
U		76		
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	<u>8a</u>	X	
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			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	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,			
	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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
U	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
		14	X	
14	Did the organization have a written document retention and destruction policy?	14	л	
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	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		
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 NONE			
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)	availa	۔ اد
	for public inspection. Indicate how you made these available. Check all that apply.		a	~*
40		J. £		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i tinano	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			
	SCOTT ARNOLD - (614)848-4870			
	5000 ARLINGTON CENTRE BLVD, COLUMBUS, OH 43220			_
32006	5000 ARLINGTON CENTRE BLVD, COLUMBUS, OH 43220 12-21-23 6	Form	9 90)

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

GRACEHAVEN INC.

Form 990 (2023)

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Form 990 (20	023) GRACEHAVEN INC.	26-2471442	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st 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		
	e this table for all persons required to be listed. Report compensation for the calendar year en of the organization's current officers, directors, trustees (whether individuals or organization)	5	

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	i) (C) (D) (E						(E)	(F)	
Name and title	Average	(do		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	lo not check more bx, unless person is fficer and a directo			s both	n an	compensation	compensation	amount of
	week					ector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e.	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional		ploye	t com		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SCOTT ARNOLD	17.00					<u> </u>				
EXECUTIVE DIRECTOR	50.00	1		х				0.	121,424.	12,784.
(2) PHIL ZANKO	15.00									
FINANCE DIRECTOR	50.00	1		Х				0.	79,000.	0.
(3) MICHELE DAVIS	15.00									
CHIEF OPERATIONS OFFICER	40.00			Х				0.	56,388.	12,666.
(4) CINDY KRATZER	1.75									
CHAIRPERSON	3.50	Х		Х				0.	0.	0.
(5) EVAN WILLIAMS	0.50									
VICE CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(6) HARRY ANDERSON	0.50									
TREASURER (END 03/24)	1.00	Х		Х				0.	0.	0.
(7) THOMAS MALLORY JR.	0.50									
SECRETARY	1.00	Х		Х				0.	0.	0.
(8) GEOFF ARTHUR	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(9) KARL FOX	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(10) JOHN "SQUIRE" GALBREATH	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(11) SHANDELL JAMAL	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(12) PATRICK WATHEN	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(13) GREG OVERMYER	0.50									
DIRECTOR	1.00	Х						0.	0.	0.
(14) CHIP WEIANT	1.00									
DIRECTOR (END 02/24)	2.00	Х						0.	0.	0.
						-				
		-								
		1								
				•						

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	990 (2023) GRACEHAVE									26-2472	L442 Page 8
Continued Continued <thcontinued< th=""> <thcontinued< th=""> <thc< td=""><td>(E)</td><td>(F)</td></thc<></thcontinued<></thcontinued<>										(E)	(F)
	Name and title	hours per week (list any	box, offic	not ch unles	heck i ss per	more son is	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		hours for related organizations	ndividual trustee or director	nstitutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related
		below line)	Individual	In stitutior	Officer	Key employee	Highest co employee	Former			organizations
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	, Section A							0.0.0.	256,812 0 256,812	. 0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,		0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			-	•	-		Ŭ	• •	•	Yes No 3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	4 X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors										5 X
1	Complete this table for your five highest con the organization. Report compensation for t										ation from
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (ir	ncluding but po	nt lin	nited	l to t	thos	e lie	ted	above) who received m	ore than	
-	\$100,000 of compensation from the organiz	•			0	0		u			

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Form	n 990 (i		CEHAVEN IN	с.			26-2471	442 Page 9
Pa	rt VII	Statement of Rev	enue					
		Check if Schedule O co	ontains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1 a	Federated campaigns	1a					
ant unt	h		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		55,383.				
	d	Related organizations						
	е	Government grants (contrib						
ion: Sil	f	All other contributions, gifts, g						
ontributi nd Other		similar amounts not included a	above 1 f 1 ,	098,163.				
d O	g	Noncash contributions included in lir	nes 1a-1f 1g \$	15,828.				
Co an	h	Total. Add lines 1a-1f			1,153,546.			
				Business Code				
e	2 a		EM INCOME	624200	483,747.	483,747.		
e vic	b	MEDICAID		624200	93,412.	93,412.		
enu	С							
ram Jeve	d							
Program Service Revenue	е							
Ā	f	All other program service re						
	g	Total. Add lines 2a-2f			577,159.			
	3	Investment income (includi	ng dividends, intere	est, and	1 400			1 400
	_				1,492.			1,492.
	4	Income from investment of						
	5	Royalties	(i) Real					
	•			(ii) Personal				
	6 a		<u>6a</u>					
	b		6b					
	C A		6c					
		Net rental income or (loss). Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a		7a					
	h	Less: cost or other basis						
e	2		7ь					
evenue	c		7c					
		Net gain or (loss)						
Other R		Gross income from fundraising						
oth	•	including \$ 55						
-		contributions reported on li						
		Part IV, line 18	,	0.				
	b		8b	25,983.				
		Net income or (loss) from fu			-25,983.			-25,983.
	9 a	Gross income from gaming	activities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses						
	с	Net income or (loss) from g	aming activities					
	10 a	Gross sales of inventory, le						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from s	ales of inventory					
ŝ		WT 0001 1 3 300000	110015	Business Code	102.000			102.000
Miscellaneous Revenue	11 a	MISCELLANEOUS	INCOME	900099	123,060.	200		123,060.
scellaneo Revenue	b	SERVICES FEES		900099	300.	300.		
Sev	C.							
Mis	d	All other revenue			100 260			
		Total. Add lines 11a-11d			<u>123,360.</u> 1,829,574.	577,459.	0.	98,569.
0000-	12	Total revenue. See instruction	15		1,043,3/4.	577,459.	. 0.	Form 990 (2023)
33200	9 12-21-	-23						PULIT 220 (2023)

GRACEHAVEN INC.

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26-2471442

Form 990 (2023) GRACEHAVEN INC Part IX Statement of Functional Expenses GRACEHAVEN INC.

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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				
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				
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	758,204.	594,296.	98,807.	65,101
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	113,389.	85,932.	14,287.	<u>13,170</u> 9,764
0	Payroll taxes	84,065.	63,709.	10,592.	9,764
1	Fees for services (nonemployees):				
а	Management	340,346. 18,436.	340,346. 18,436.		
b	Legal	18,436.	18,436.		
С	Accounting				
d	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.)	157,795. 3,708.	37,339. 2,911.	110,003.	10,453
2	Advertising and promotion		2,911.		10,453 797 5,500
3	Office expenses	45,807.	19,099.	21,208.	5,500
4	Information technology				
5	Royalties				
6	Occupancy	73,629.	65,245.	8,379.	5
7	Travel	5,657.	3,561.	1,825.	271
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	19,328.	19,270.	58.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	48,227.	48,227.		
3	Insurance	31,673.	10,135.	21,538.	
4	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		67,147.	66,448.	699.	
b	DUES AND LICENSES	19,547.	7,230.	12,317.	
c	TRAINING AND DEVELOPMEN	4,708.	2,760.	1,667.	281
d	SUPPLIES	1,968.	1,544.	422.	201
	All other expenses	7,160.	5,585.	1,093.	482
5	Total functional expenses. Add lines 1 through 24e	1,800,794.	1,392,073.	302,895.	105,826
<u>6</u>	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)				

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⁻ orm Par		2023) GRACEHAVEN INC.		26-2	2471442 Page 11
1 41		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	460,325.	1	147,655.
	2	Savings and temporary cash investments	•	2	•
	3	Pledges and grants receivable, net	190,610.	3	324,215.
	4	Accounts receivable, net	137,925.	4	203,094.
	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	
۵	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	23,807.	9	15,759
		Land, buildings, and equipment: cost or other	· · ·		
		basis. Complete Part VI of Schedule D 10a 1,060,112.			
	b	Less: accumulated depreciation 10b 194,241.	689,532.	10c	865,871.
	11	Investments - publicly traded securities		11	
	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	31,036.	15	32,835
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,533,235.	16	1,589,429
	17	Accounts payable and accrued expenses	58,262.	17	38,378
	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	
s	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ן ב	23	Secured mortgages and notes payable to unrelated third parties	402,694.	23	386,562.
	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 X			
		of Schedule D	433,091.	25	495,898.
	26	Total liabilities. Add lines 17 through 25	894,047.	26	920,838.
		Organizations that follow FASB ASC 958, check here			
š		and complete lines 27, 28, 32, and 33.	<u> </u>		
lan	27	Net assets without donor restrictions	639,188.	27	668,591.
8	28	Net assets with donor restrictions		28	
ŭ		Organizations that do not follow FASB ASC 958, check here			
<u> </u>		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
SSe	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	C20 100	31	
Se	32	Total net assets or fund balances	639,188.	32	668,591.
	33	Total liabilities and net assets/fund balances	1,533,235.	33	<u>1,589,429</u>

Form 990 (2023)

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	1990 (2023) GRACEHAVEN INC.	26-24	71442	Pag	_{je} 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	1,829		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,800	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		-	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	639		
5	Net unrealized gains (losses) on investments	5		62	23.
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	668	, 59	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			2a		<u> </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	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 X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
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			000/	

Form **990** (2023)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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
2023
Open to Public Inspection

1

Nan	ame of the organization Employer identification numb							identification number	
	GRACEHAVEN INC.								6-2471442
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative				(b)(1)(A)(ii	i).		
4	\square	A medical research organiz					-)(iii). Enter	the hospital's name,
		city, and state:	·						• •
5	\square	An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)			, ,			
6	\square	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general r	public described in
		section 170(b)(1)(A)(vi). (C	-	······ [-··· - · · · - · - - · · · ·				- 3	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	inction with a	land-orant	college
_		or university or a non-land-	-			-		-	-
		university:	jan eenege er agne			, e,	, and clare er	and demoge	
10	\square	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		activities related to its exen	•					-	•
		income and unrelated busir		-					-
		See section 509(a)(2). (Co							
11	\square	An organization organized a		ivelv to test for public sa	fetv. See	section 50)9(a)(4).		
12	\square	An organization organized a	-	•	•			rrv out the	purposes of one or
		more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must o		• • • •	inajonity o				pporting
b		Type II. A supporting org	-		tion with its	s supporte	d organizatio	n(s), by hav	rina
	L	control or management o	-				-		-
		organization(s). You mus						go the capp	
c		Type III functionally inte			in connect	tion with a	and functional	lv integrate	d with
	L	its supported organization	• •					ly integrate	
d		Type III non-functionally						ted organiz	ration(s)
	L	that is not functionally int		• • •				-	
		requirement (see instruct			•		-	anacontr	
е		Check this box if the orga		-				II Type III	
Ŭ	L	functionally integrated, or					iype i, iype	n, rype n	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ng organiz				
		vide the following information	•	d organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				above (see instructions))					

Schedule A (Form 990) 2023

GRACEHAVEN INC.

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	764,895.	1300019.	1490536.	848,209.	1153546.	5557205.
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		1	1 4 0 0 5 0 6		1150546	
	Total. Add lines 1 through 3	764,895.	1300019.	1490536.	848,209.	1153546.	5557205.
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.						5557205.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019 764,895.	(b)2020 1300019.	(c) 2021 1490536.	(d) 2022	(e) 2023 1153546.	(f) Total 5557205.
	Amounts from line 4	/04,095.	1200013.	1490550.	848,209.	1103040.	5557205.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		11.		0 216	1 400	10 010
-	and income from similar sources		⊥⊥•		9,316.	1,492.	10,819.
9	Net income from unrelated business						
	activities, whether or not the		190,420.	54,679.	124,497.	0.	369,596.
40	business is regularly carried on		190,420.	54,079.	124,497.	0.	509,590.
10	Other income. Do not include gain						
	or loss from the sale of capital	26,123.	54,621.		9,952.	123,060.	213,756.
44	assets (Explain in Part VI.)	20,123.	J4,021.		9,952.	125,000.	6151376.
	Total support. Add lines 7 through 10 Gross receipts from related activities,					12	875,368.
	First 5 years. If the Form 990 is for th		,	iourth or fifth tox y			015,500.
13	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	90.34 %
	Public support percentage from 2022		-			15	89.64 %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line			
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						0.1	(Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

Schedule A	Form 990) 202

GRACEHAVEN INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here	•			•		·
Sec	ction C. Computation of Public						
15	Public support percentage for 2023 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest						
17	Investment income percentage for 20		mn (f), divided by I	ine 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						3%, and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			,, enconta			dule A (Form 990) 2023
00202			15				

1

2

3a

3b

3c

4a

Yes No

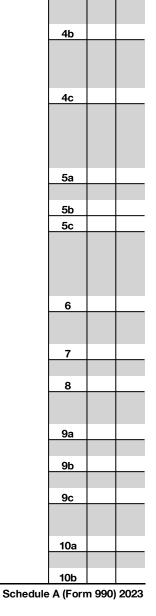
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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Schedule A	(Form 990) 2023	3 GRACEHAVE	IN
Part IV	Supporting	Organizations (continue	ed)

No

No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

INC.

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? <i>If "No," describe in</i> 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	1

A a b b b b b b b b b b	Type II Supporting	
SACTION (:	IVNO II SUNNORTING	Organizatione
	i ype ii oupporting	Organizations

Sec	ction D. All Type III Supporting Organizations			
			Yes	ſ
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			l
	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		Ĺ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	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		Ĺ
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	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. Section E. Type III Functionally Integrated Supporting Organizations

	i ype in i anodonany	mograted oupporting	organizationo	
-				

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 instruction <u>s).</u>
-----	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

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 Schedule A (Form 990) 2023

З

2a

2b

3a

Yes No

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Schedu	ule A (Form 990) 2023 GRACEHAVEN INC.			26-2471442 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ving trust on N	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	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 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance 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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 5	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 1	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Ainimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5 I	ncome 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	ally integrate	d Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

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Section E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

(i)

1

2

3

4

5

6

7

8 9

10

(ii)

Current Year

(iii)

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2023 from Section C, line 6

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

4 Amounts paid to acquire exempt-use assets

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Section D - Distributions

3

7

8

9

Schedule A	(Form	990)	2023	
D · V /I	-			-

GRACEHAVEN INC. 26-2471442 Page 8

Section D, lines 5, 6, and 8; and Part V, S (See instructions.)	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
332028 12-21-23	Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

26-2471442

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

GRACEHAVEN INC.

Filers of:	Section:
Form 990 or 990-EZ	\fbox{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

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), 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the s

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

GRACE	HAVEN INC.	26	-2471442
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,000.	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		\$42,628.	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		\$30,000.	Person X Payroll
(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.)

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Employer identification number

Schedule B (Form 990) (2023)

Name of organization

RACEH	IAVEN INC.	26-2471442		
Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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	
		s		

323453 12-26-23

23 2023.05000 GRACEHAVEN INC. Schedule B (Form 990) (2023)

Page 3 Employer identification number

Name of organization

Schedule	B (Form 990) (2023)		Page 4
Name of o	organization		Employer identification number
GRACE	HAVEN INC.		26-2471442
Part III		through (e) and the following line entry haritable, etc., contributions of \$1,000 or lea	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd 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, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	I
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE D

9 0)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Nam	e of the organization GRACEHAVEN INC •			Employer identification number 26-2471442
Pa		Funds or Other Similar	Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, line			
		(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 hold in don	l	
5	are the organization's property, subject to the organization's e	•		
6	Did the organization inform all grantees, donors, and donor ac			
v	for charitable purposes and not for the benefit of the donor or			
				°
Pa				
1	Purpose(s) of conservation easements held by the organizatio			
•	Preservation of land for public use (for example, recreat		vation of a histo	rically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in t	he form of a cor	servation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic stru	at the standard and the O		2c
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year		, ,	C C
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforc	ing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing c	onservation eas	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	on 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and e	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial	I statements that	t describes the
Dei	organization's accounting for conservation easements.		or Other C	wiley Accete
Pa	t III Organizations Maintaining Collections of		, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for public			ce of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	h in furtherance	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 trea		tinancial gain, p	provide
_	the following amounts required to be reported under FASB AS	-		^
	Revenue included on Form 990, Part VIII, line 1			\$
p	Assets included in Form 990. Part X			D

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

08481030 758050 4000044204

2023.05000 GRACEHAVEN INC.

25

Sche		VEN INC.						26-24	71442	l Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histe	orical Tre	easures, or	^r Othe	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	make s	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	1 🗌	Loan or exc	change progra	ım					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatio	n answered "	Yes" on	Form 990,	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					A		
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
1	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						iity?		_ 165	-]
Par							0.				1
		(a) Current year		rior year	(c) Two year		(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance			,				,			
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administer	ed for th	ne		-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	$ \rightarrow $	
									3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Fai	t VI Land, Buildings, and Equipm			line 11e C		Davit V	line 10				
	Complete if the organization answere		-	-				.	()	<u> </u>	
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation		(d) Book	value	3
1a	Land			9	4,284.				94	1,28	34.
	Buildings			63	31,014.		119,6	55.	511	L,35	59.
	Leasehold improvements				.2,442.					2,44	
d	Equipment				07,682.		65,3			2,30	
е	Other				4,690.		9,2			5,48	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 1</u>	<u>0c. column</u>	<i>(B))</i>				865	5,87	/1.

Schedule D (Form 990) 2023

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Schedule D	(Form 990) 2023	GRACEHAVEN

Form 990, Part X, line 12.
lethod of valuation: Cost or end-of-year market value
Form 990, Part X, line 13.
lethod of valuation: Cost or end-of-year market value
Form 990, Part X, line 15.
(b) Book value
(2) 2001 10:00
. See Form 990, Part X, line 25.
(b) Book value
495,898
495,89

INC.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to 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 D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 GRACEHAVEN INC.		26-2471442 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2023	
	c	organization entered more than \$15 Attach to Form 990 o						LULU Open to Public	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization								entification number	
Part I Fundrais		VEN INC.					26-2471		
	complete this part	Complete if the organization answe t.	red "Y	es" or	Form 990, Part IV, I	ne 1	7. Form 990-E2	filers are not	
 a Mail solicitat b Internet and c Phone solici d In-person so 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
•		art VII) or entity in connection with pr	•	Ũ		,	Yes	s 🗌 No	
	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	1e fur	ndraiser is to b	e	
compensated at le	ast \$5,000 by the	organization.	1					<u> </u>	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
				No					
Total									
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration	
or licensing.									

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

GRACEHAVEN INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OVER THE		NONE	(add col. (a) through
			EDGE			col. (c))
a l			(event type)	(event type)	(total number)	
nu						
Revenue	1	Gross receipts	55,383.			55,383.
"						
	2	Less: Contributions	55,383.			55,383.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
			00.050			00.050
ben	6	Rent/facility costs	20,250.			20,250.
Ä						
ect	7	Food and beverages	82.			82.
ā	_					
	8	Entertainment				
	9	Other direct expenses				5,651.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	25,983.			
Pa	<u>11</u>	-25,983.				
га	1 L I		answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(I.) Dull take (instant		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progrossive biligo		
Вĕ		0				
-+	1	Gross revenue				
	~					
es	2	Cash prizes				+
ens	~	Nenersh prizes				
Expenses	3	Noncash prizes				
			1			

Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve					
<u>ш</u>	1 Gross revenue				
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % │── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization condu	cts gaming activities:			
а	Is the organization licensed to conduct gaming ac				
	If "No," explain:				
10a	Were any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	year?	Yes No
b	If "Yes," explain:				

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	GRACEHAVEN INC.		26-247144	2 Page 3
11	Does the organization conduct ga			Yes	No
12			er of a partnership or other entity formed		
	to administer charitable gaming?			Yes	No No
	Indicate the percentage of gaming				
					%
					%
14	Enter the name and address of th	person who prepares the organizatio	n's gaming/special events books and recor	ds:	
	Name				
	Address				
15a	Does the organization have a con	ract with a third party from whom the	organization receives gaming revenue?	Yes	No No
k		ng revenue received by the organization		nount	
	of gaming revenue retained by the	-			
c	: If "Yes," enter name and address	of the third party:			
	Nama				
	Name				
	Address				
16	Gaming manager information:				
	0 0				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Inde	pendent contractor		
17	Mandatory distributions:				
a	Is the organization required under	state law to make charitable distribution	ons from the gaming proceeds to		
	retain the state gaming license?			Yes	No
k		-	ed to other exempt organizations or spent	in the	
De	organization's own exempt activit	es during the tax year \$			
Pa			quired by Part I, line 2b, columns (iii) and (v)); and Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additiona	l information. See instructions.		
3320	83 09-13-23			Schedule G (Form	n 990) 2023
		3	1	-	

 Schedule G (Form 990)

332084 04-01-23

SCHEDULE O (Form 990) 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 Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

GRACEHAVEN INC.

Employer identification number 26-2471442

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

GRACEHAVEN SERVES YOUTH AND FAMILIES THROUGH A TEAM OF CHRISTIAN

WORKERS AND LIKE-MINDED PARTNERS BY PROVIDING SEX TRAFFICKING

PREVENTION SERVICES AND BY EMPOWERING YOUTH RESCUED FROM

SEX-TRAFFICKING TO THRIVE WITH DIGNITY IN A RENEWED LIFE.

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

THE COO EMAILS A COPY OF THE FINAL VERSION OF THE FORM 990 TO EACH BOARD

MEMBER BEFORE IT IS FILED. HOWEVER, NO BOARD MEMBER UNDERTAKES ANY FORMAL

REVIEW OF THE FORM EITHER BEFORE OR AFTER FILING. THE EXECUTIVE DIRECTOR

AND COO REVIEW THE FORM 990 PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS MONITORED AND REVIEWED AT THE BOARD MEETINGS TO DETERMIN IF THE POLICY IS BEING APPROPRIATELY APPLIED. BOARD MEMBERS ABSTAIN FROM VOTING IF A CONFLICT IS IDENTIFIED THAT THE BOARD MEMBER IS INVOLVED WITH DURING THE FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

OUR WRITTEN POLICY REQUIRES A MINIMUM OF A REVIEW FOR THE EXECUTIVE

DIRECTOR EVERY TWO YEARS. THE PRACTICE HAS NOW BECOME ANNUAL. THE SALARY

REVIEW INCLUDES LEADERSHIP DATA OF COMPARABLE ORGANIZATIONS. THE BOARD

PROVIDES THE OFFICERS WITH A WRITTEN REVIEW. THE LAST REVIEW WAS UNDERTAKEN

IN 2023.

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

Schedule O (Form 990) 2023	Page 2
Name of the organization GRACEHAVEN INC.	Employer identification number 26-2471442
DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
Secondario and Available on the oromitantion of abbitter	
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED.	
332212 11-14-23 2 /	Schedule O (Form 990) 2023
34	

332161 09-28-23 LHA

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

GRACEHAVEN INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CENTRAL OHIO YOUTH FOR CHRIST, INC							
31-1011430, 5000 ARLINGTON CENTRE BLVD,	REACH URBAN YOUTH FOR						
COLUMBUS, OH 43220	CHRIST	оніо	501(C)(3)	LINE 10			х

Schedule R (Form 990) 2023

23 Open to Public Inspection

Employer identification number

26-2471442

Schedule R (Form 990) 2023 GRACEHAVEN INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity (Hated, under and the a		amount in box	partner?		^D ercentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		
	1											
										+		
	•											
										+		
	1		1	1								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2023 GRACEHAVEN INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 GRACEHAVEN INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(† Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) ^{Il or} Percentage ^{ing} ownership					
		country)	sections 512-514)	Yes			assets	Yes No		(Form 1065)	Yes	10					
				_													

Schedule R (Form 990) 2023

GRACEHAVEN INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

332165 09-28-23

Schedule R (Form 990) 2023