

EXTENDED TO MAY 15, 2025

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFE HAVEN FOR CATS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8431-137 GARVEY DRIVE City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27616 F Name and address of principal officer: MARY KA POWERS SAME AS C ABOVE	D Employer identification number 56-1916620 E Telephone number 919-872-7233 G Gross receipts \$ 1,474,386. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: SAFEHAVENFORCATS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1994 M State of legal domicile: NC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO USE NO-KILL PRINCIPLES AND EDUCATION TO SAVE CATS' LIVES THROUGH RESCUE, ADOPTION, SPAY/NEUTER 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 51 6 Total number of volunteers (estimate if necessary) 6 865 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,334,731. 9 Program service revenue (Part VIII, line 2g) 143,933. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,684. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 88,318. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,576,666.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 822,982. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 156,203. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 934,406. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,757,388. 19 Revenue less expenses. Subtract line 18 from line 12 -180,722.	Beginning of Current Year End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,781,418. 21 Total liabilities (Part X, line 26) 34,604. 22 Net assets or fund balances. Subtract line 21 from line 20 1,746,814.	1,132,548. 147,034. 28,251. 65,343. 1,373,176. 0. 0. 899,604. 0. 955,776. 1,855,380. -482,204. 1,285,348. 20,738. 1,264,610.

Part II Signature Block

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

Sign Here	Signature of officer MARY KA POWERS, CHAIR Type or print name and title	Date 5/20/25
Paid Preparer Use Only	Print/Type preparer's name MICHELLE FOOTE Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P01387279 Firm's name DEAN DORTON ALLEN FORD, PLLC Firm's EIN 27-3858252 Firm's address 4130 PARKLAKE AVE STE. 400 RALEIGH, NC 27612 Phone no. 919-879-2909	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**