

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury
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 and ending

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 HAVE A HEART FOUNDATION, INC.		D Employer identification number 26-1433114
	Doing business as		E Telephone number 5022450002
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 816,369.
	310 E BROADWAY STE 100		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: PAULA DEMUTH 310 E. BROADWAY, SUITE 100, LOUISVILLE, KY		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: WWW.HAVEAHEARTCLINIC.ORG		L Year of formation: 2007 M State of legal domicile: KY	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMITTED TO ELEVATING COMMUNITY HEALTH IN THE KENTUCKIANA REGION BY PROVIDING ADULT PATIENTS WITH		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	110
	7a 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)	245,757.	324,881.
	9 Program service revenue (Part VIII, line 2g)	462,008.	482,984.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	281.	658.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-2,354.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	708,046.	806,169.
	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.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		437,721.	451,637.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 13,258.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		347,202.	350,507.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	784,923.	802,144.	
19 Revenue less expenses. Subtract line 18 from line 12	-76,877.	4,025.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	281,028.	284,662.
	21 Total liabilities (Part X, line 26)	3,603.	3,212.
	22 Net assets or fund balances. Subtract line 21 from line 20	277,425.	281,450.

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 PAULA DEMUTH, PRESIDENT <i>Paula Demuth</i>	Date July 3, 2024			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MELINDA L. HECK	Preparer's signature MELINDA L. HECK	Date 06/28/24	Check if self-employed <input type="checkbox"/>	PTIN P01392306
	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN 61-1064249	Firm's address 9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187		
Phone no. (502) 426-9660					

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