EXTENDED TO NOVEMBER 17, 2025

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HAVE A HEART FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
310 E BROADWAY STE 100

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

F Name and address of principal officer: PAULA DEMUTH
310 E. BROADWAY, SUITE 100, LOUISVILLE, KY

D Employer identification number
-*3114

E Telephone number
5022450002

G Gross receipts $ 1,198,852.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HAVEAHEARTCLINIC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2007 **M** State of legal domicile: KY

Part I Summary

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	22
	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.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	324,881.	638,749.
	9 Program service revenue (Part VIII, line 2g)	482,984.	552,207.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	658.	836.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,354.	-3,399.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	806,169.	1,188,393.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	451,637.	476,528.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 11,519.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	350,507.	343,228.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	802,144.	819,756.
	19 Revenue less expenses. Subtract line 18 from line 12	4,025.	368,637.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	284,662.	652,959.
	21 Total liabilities (Part X, line 26)	3,212.	2,872.
	22 Net assets or fund balances. Subtract line 21 from line 20	281,450.	650,087.

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 — Date

PAULA DEMUTH, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check	PTIN
MELINDA L. HECK	MELINDA L. HECK	08/07/25	☐ self-employed	P01392306

Firm's name DEMING MALONE LIVESAY & OSTROFF PSC — Firm's EIN **-***4249

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION