

**\*\* PUBLIC DISCLOSURE COPY \*\***  
**Return of Organization Exempt From Income Tax**

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>HAVE A HEART FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>26-1433114</b>
	Doing business as		<b>E</b> Telephone number <b>502-245-0002</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>310 E. BROADWAY, SUITE 100</b>	City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40202</b>	<b>G</b> Gross receipts \$ <b>708,046.</b>
	<b>F</b> Name and address of principal officer: <b>PAULA DEMUTH</b> <b>310 E. BROADWAY, SUITE 100, LOUISVILLE, KY</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> 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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>COMMITTED TO ELEVATING COMMUNITY HEALTH IN THE KENTUCKIANA REGION BY PROVIDING ADULT PATIENTS WITH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	27
	<b>6</b> Total number of volunteers (estimate if necessary)	6	75
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 158,234.	Current Year 245,757.
	<b>9</b> Program service revenue (Part VIII, line 2g)	440,117.	462,008.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33.	281.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	598,384.	708,046.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		279,798.	437,721.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		11,950.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		295,340.	347,202.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		575,138.	784,923.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	23,246.	-76,877.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 368,989.	End of Year 281,028.
	<b>21</b> Total liabilities (Part X, line 26)	14,687.	3,603.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	354,302.	277,425.

**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.

<b>Sign Here</b>	Signature of officer <b>PAULA DEMUTH, PRESIDENT</b> <i>Paula Demuth</i>	Date <b>August 25, 2023</b>			
	Type or print name and title				
<b>Preparer Use Only</b>	Print/Type preparer's name <b>MELINDA L. HECK</b>	Preparer's signature <b>MELINDA L. HECK</b>	Date <b>08/16/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01392306</b>
	Firm's name <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>	Firm's address <b>9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187</b>	Firm's EIN <b>61-1064249</b>	Phone no. <b>(502) 426-9660</b>	

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