

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)

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

**A** For the **2020** calendar year, or tax year beginning and ending

|   |  |  |
|---|--|--|
| <b>B</b> Check if applicable:   | <b>C</b> Name of organization<br><b>GRANT FOUNDATION, INC.</b>   | <b>D</b> Employer identification number<br><b>25-1017587</b>   |
| <input type="checkbox"/> Address change   | Doing business as <b>HOPITAL ALBERT SCHWEITZER HAITI</b>   | <b>E</b> Telephone number<br><b>412-361-5200</b>   |
| <input type="checkbox"/> Name change  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO BOX 110091</b>  |  |
| <input type="checkbox"/> Initial return   | City or town, state or province, country, and ZIP or foreign postal code<br><b>PITTSBURGH, PA 15232</b>  | <b>G</b> Gross receipts \$ <b>7,238,165.</b>   |
| <input type="checkbox"/> Final return/terminated  | <b>F</b> Name and address of principal officer: <b>NEVIN FORD</b><br><b>SAME AS C ABOVE</b>  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Amended return   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| <input type="checkbox"/> Application pending  | <b>I</b> 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 | If "No," attach a list. See instructions   |
| <b>J</b> Website: ▶ <b>WWW.HASHAITI.ORG</b>   |  | <b>H(c)</b> Group exemption number ▶   |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  | <b>L</b> Year of formation: <b>1956</b> <b>M</b> State of legal domicile: <b>PA</b>  |

**Part I Summary**

|                             |   |  |  |                                  |                    |
|-----------------------------|---|--|--|----------------------------------|--------------------|
|                             | 1   | Briefly describe the organization's mission or most significant activities: <b>HOPITAL ALBERT SCHWEITZER (HAS) PROVIDES ESSENTIAL HEALTH AND DEVELOPMENT SERVICES IN CENTRAL HAITI</b> |  |                                  |                    |
| Activities & Governance     | 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)  | <b>3</b>   |                                  | <b>15</b>          |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   |                                  | <b>14</b>          |
|                             | 5   | Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>   |                                  | <b>10</b>          |
|                             | 6   | Total number of volunteers (estimate if necessary)   | <b>6</b>   |                                  | <b>12</b>          |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  |                                  | <b>0.</b>          |
|                             | 7b  | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>  |                                  | <b>0.</b>          |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)  | <b>3,723,291.</b>  | <b>Prior Year</b>                | <b>4,624,818.</b>  |
|                             | 9   | Program service revenue (Part VIII, line 2g)   | <b>555,438.</b>  | <b>Current Year</b>              | <b>629,158.</b>    |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>364,471.</b>  |                                  | <b>382,214.</b>    |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>-15,349.</b>  |                                  | <b>-33,160.</b>    |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>4,627,851.</b>  |                                  | <b>5,603,030.</b>  |
|                             | Expenses  | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>0.</b>                        |                    |
| 14                          |   | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>  |                                  | <b>0.</b>          |
| 15                          |   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>4,088,041.</b>  |                                  | <b>3,582,300.</b>  |
| 16a                         |   | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>  |                                  | <b>0.</b>          |
| 16b                         |   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>319,422.</b>  |  |                                  |                    |
| 17                          |   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>2,825,236.</b>  |                                  | <b>2,327,932.</b>  |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>6,913,277.</b>  |  | <b>5,910,232.</b>                |                    |
| 19                          | Revenue less expenses. Subtract line 18 from line 12                      | <b>-2,285,426.</b>   |  | <b>-307,202.</b>                 |                    |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)   | <b>12,133,871.</b>   | <b>Beginning of Current Year</b> | <b>12,382,710.</b> |
|                             | 21  | Total liabilities (Part X, line 26)  | <b>695,032.</b>  | <b>End of Year</b>               | <b>793,236.</b>    |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20   | <b>11,438,839.</b>   |                                  | <b>11,589,474.</b> |

**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<br><b>NEVIN FORD, CFO</b><br>Type or print name and title    | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>ELIZABETH E. KRISHER</b>                         | Preparer's signature  |
|                               | Firm's name ▶ <b>MAHER DUESSEL, CPA'S</b>   | Date  |
|                               | Firm's address ▶ <b>503 MARTINDALE STREET, SUITE 600<br/>PITTSBURGH, PA 15212</b> | Check if self-employed <input type="checkbox"/> PTIN <b>P01275616</b> |
|                               |   | Firm's EIN ▶ <b>25-1622758</b>  |
|                               |   | Phone no. <b>412-471-5500</b>   |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF HOPITAL ALBERT SCHWEITZER (HAS) IS TO COLLABORATE WITH THE PEOPLE OF THE ARTIBONITE VALLEY AS THEY STRIVE TO IMPROVE THEIR HEALTH AND QUALITY OF 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? [ ] Yes [X] 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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 4,645,857. including grants of \$ ) (Revenue \$ 578,172. ) THE HAS NETWORK OF CARE INCLUDES A 200-BED HOSPITAL LOCATED IN DESCHAPELLES, HAITI WHICH SERVES AS THE PRIMARY REFERENCE HOSPITAL IN THE AREA. THE HOSPITAL OFFERS ADVANCED CARE IN INTERNAL MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY (OB/GYN), AND PEDIATRICS, AS WELL AS PHYSICAL REHABILITATION, LABORATORY DIAGNOSTICS, PROSTHETICS AND ORTHOTICS AND PHARMACY SERVICES. IN 2020, HAS OPENED A COVID TREATMENT CENTER TO RECEIVE AND TREAT COVID PATIENTS. HAS ANNUAL HOSPITAL ADMISSIONS ARE OVER 11,000 IN ADDITION TO 50,000+ OUTPATIENT VISITS TO THE HOSPITAL.

4b (Code: ) (Expenses \$ 715,034. including grants of \$ ) (Revenue \$ 50,986. ) INTEGRATED COMMUNITY SERVICES HEALTH SERVICES: HAS BRINGS HEALTH SERVICES TO THE FAR REACHES OF ITS 610 SQUARE MILES SERVICE AREA THROUGH FOUR COMMUNITY HEALTH CENTERS, MOBILE HEALTH CLINICS AND A NETWORK OF COMMUNITY HEALTH WORKERS. EVEN WITH MONTHS OF RESTRICTIONS DURING COVID HAS COMPLETED NEARLY 70,000 COMMUNITY HEALTH CENTER CONSULTATIONS, 51,000 HOME HEALTH VISITS, AND REACHED 70,000 PEOPLE WITH HEALTH EDUCATION SESSIONS IN 2020.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,360,891.