**PUBLIC DISCLOSURE COPY**

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.

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### Part I: Summary

1. **Briefly describe the organization’s mission or most significant activities:** HOPITAL ALBERT SCHWEITZER (HAS) PROVIDES ESSENTIAL HEALTH AND DEVELOPMENT SERVICES IN CENTRAL HAITI

2. **Number of voting members of the governing body (Part VI, line 1a):** 3

3. **Number of independent voting members of the governing body (Part VI, line 1b):** 4

4. **Total number of individuals employed in calendar year 2021 (Part V, line 2a):** 5

5. **Total number of volunteers (estimate if necessary):** 6

6. **a. Total unrelated business revenue from Part VIII, column (C), line 12:** 7a 0

7. **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):** 4,624,818  
9. **Program service revenue (Part VIII, line 2g):** 629,158  
10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d):** 382,214  
11. **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e):** 33,160

12. **Total revenue: add lines 8 through 11 (must equal Part VIII, column (A), line 12):** 5,603,030  

### Expenses

13. **Grants and similar amounts paid (Part IX, column (A), lines 1-3):** 3,582,300  
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):** 0

16a. **Professional fundraising fees (Part IX, column (A), line 11e):** 0

16b. **Total fundraising expenses (Part IX, column (D), line 25):** 251,789

17. **Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e):** 2,327,932

18. **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):** 5,910,232

19. **Revenue less expenses. Subtract line 18 from line 12:** 1,692,798

### Net Assets or Fund Balances

20. **Total assets (Part X, line 16):** 12,382,710

21. **Total liabilities (Part X, line 26):** 793,236

22. **Net assets or fund balances. Subtract line 21 from line 20:** 11,589,474

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### 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

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
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<tbody>
<tr>
<td>NEVIN FORD, CFO</td>
<td></td>
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#### Paid

<table>
<thead>
<tr>
<th>Preparer’s name</th>
<th>Date</th>
<th>Check ( ) self-employed</th>
<th>PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH E. KRISHER</td>
<td></td>
<td></td>
<td>01275616</td>
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#### Use Only

<table>
<thead>
<tr>
<th>Firm’s name</th>
<th>Firm’s EIN</th>
<th>Phone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAHER DUESSEL, CPA'S</td>
<td>25-1622758</td>
<td>412-471-5500</td>
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<tr>
<th>Firm’s address</th>
<th>Phone no.</th>
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<tbody>
<tr>
<td>503 MARTINDALE STREET, SUITE 600</td>
<td>412-471-5500</td>
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May the IRS discuss this return with the preparer shown above? See instructions

X Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Briefly describe the organization’s mission:

HOSPITAL ALBERT SCHWEITZER (HAS) COLLABORATES WITH THE PEOPLE OF HAITI’S ATRIBONITE VALLEY AS THEY STRIVE TO IMPROVE THEIR HEALTH AND QUALITY OF LIFE.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes ☑ No

If “Yes,” describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes ☑ No

If “Yes,” describe these changes on Schedule O.

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 $ 5,006,562., including grants of $ __________) (Revenue $ 549,043.)

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 A PHARMACY. IN 2021, HAS OPERATED A COVID TREATMENT CENTER TO RECEIVE AND TREAT COVID PATIENTS AND LAUNCHED A HIGHLY SUCCESSFUL VACCINE CAMPAIGN, ADMINISTERING 20,000 COVID VACCINES THROUGHOUT THE ARTIBONITE REGION. HAS ANNUAL HOSPITAL ADMISSIONS ARE NEARLY 13,000 IN ADDITION TO 58,000 OUTPATIENT VISITS TO THE HOSPITAL.

4b (Code: __________) (Expenses $ 679,164., including grants of $ __________) (Revenue $ 59,858.)

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 66,000 COMMUNITY HEALTH CENTER CONSULTATIONS, 77,000 HOME HEALTH VISITS, AND REACHED 122,000+ PEOPLE WITH HEALTH EDUCATION SESSIONS IN 2021.

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 ▶ 5,685,726.

SEE SCHEDULE O FOR CONTINUATION(S)