

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

GRANT FOUNDATION, INC.

EIN or SSN

25-1017587

Name and title of officer or person subject to tax JEAN MARC DE MATTEIS
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 20,688,856.
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MAHER DUESSEL, CPA'S to enter my PIN 00611
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 10/01/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25570912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature



Date

10/13/2025

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization GRANT FOUNDATION, INC.</td> <td>D Employer identification number 25-1017587</td> </tr> <tr> <td colspan="2">Doing business as HOPITAL ALBERT SCHWEITZER HAITI</td> <td rowspan="3">E Telephone number 412-361-5200</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">PO BOX 110091</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15232</td> <td>G Gross receipts \$ 31,252,111.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JEAN MARC DE MATTEIS SAME AS C ABOVE</td> <td> 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 </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.HASHAITI.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 1953 M State of legal domicile: PA </td> </tr> </table>	C Name of organization GRANT FOUNDATION, INC.		D Employer identification number 25-1017587	Doing business as HOPITAL ALBERT SCHWEITZER HAITI		E Telephone number 412-361-5200	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	PO BOX 110091		City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15232		G Gross receipts \$ 31,252,111.	F Name and address of principal officer: JEAN MARC DE MATTEIS SAME AS C ABOVE		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.HASHAITI.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 1953 M State of legal domicile: PA		
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Part I Summary			
Activities & Governance	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	Check this box ☐ 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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	7
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,234,361.
	9	Program service revenue (Part VIII, line 2g)	19,772,513.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	264,790.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,982.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-52,655.
	12		5,325,005.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,688,856.
	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)	3,140,322.
	b	Total fundraising expenses (Part IX, column (D), line 25)	329,972.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,434,526.
	19	Revenue less expenses. Subtract line 18 from line 12	5,574,848.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	-249,843.
	21	Total liabilities (Part X, line 26)	12,864,669.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,728,167.
	22		24,864,914.

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 JEAN MARC DE MATTEIS, CEO				Date
	Type or print name and title				
Paid Preparer Use Only	Preparer's name ELIZABETH E. KRISHER	Preparer's signature	Date	Check if self-employed ☐	PTIN P01275616
	Firm's name MAHER DUESSEL, CPA'S	Firm's EIN 25-1622758	Phone no. 412-471-5500		
	Firm's address 503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

HOPITAL ALBERT SCHWEITZER (HAS) COLLABORATES WITH THE PEOPLE OF
HAITI'S ATRIBONITE 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 ☒ 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 ☒ 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 \$ 6,161,358. including grants of \$) (Revenue \$ 286,461.)

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. HAS ANNUAL HOSPITAL ADMISSIONS ARE 11,500 IN
ADDITION TO OVER 59,000 OUTPATIENT VISITS TO THE HOSPITAL CLINICS. IN
2024, HAS CONTINUED TO OPERATE A CHOLERA TREATMENT CENTER TO RECEIVE
AND TREAT CHOLERA PATIENTS. FOOD INSECURITY WAS A SERIOUS ISSUE IN
HAS' ARTIBONITE REGION IN 2024. HAS PROVIDED FOOD KITS TO 4,630
HOUSEHOLDS REPRESENTING 695,000 MEALS AND ESTABLISHED 23 CRISIS
COMMUNITY FOOD KITCHENS SERVING 550,000 HOT MEALS.

4b (Code:) (Expenses \$ 1,017,503. including grants of \$) (Revenue \$ 76,390.)

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 HAITI'S SECURITY CRISIS HAS COMPLETED 52,380
COMMUNITY HEALTH CENTER AND MOBILE CLINIC CONSULTS, OVER 63,000 HOME
HEALTH VISITS, AND REACHED OVER 91,000 PEOPLE WITH HEALTH EDUCATION
SESSIONS IN 2024.

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 7,178,861.