

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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	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	G Gross receipts \$ 10,874,588.
	2840 LIBERTY AVENUE	201	
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15222		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: NEVIN FORD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J 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			H(c) Group exemption number
K Website: WWW.HASHAITI.ORG			
L Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1956	M State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATE HOPITAL ALBERT SCHWEITZER HAITI (HAS) TO COLLABORATE WITH THE PEOPLE OF THE		
	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)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	143
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,512,334.	3,992,827.
	9 Program service revenue (Part VIII, line 2g)	641,867.	558,869.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	694,800.	1,219,947.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-39,058.	-63,466.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,809,943.	5,708,177.
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)	3,918,791.	4,252,380.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	709,004.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,772,852.	3,886,349.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,691,643.	8,138,729.
19 Revenue less expenses. Subtract line 18 from line 12	-881,700.	-2,430,552.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,030,922.	End of Year 13,887,456.
	21 Total liabilities (Part X, line 26)	538,417.	642,396.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,492,505.	13,245,060.

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 <i>Nevin Ford</i>	Date 22-aug-2019			
	NEVIN FORD, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH E. KRISHER	Preparer's signature <i>Elizabeth E. Krisher</i>	Date 8/25/2019	Check if self-employed <input type="checkbox"/>	PTIN P01275616
	Firm's name MAHER DUESSEL, CPAs	Firm's EIN 25-1622758	Firm's address 503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212	Phone no. 412-471-5500	

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: OPERATE HOPITAL ALBERT SCHWEITZER TO COLLABORATE WITH THE PEOPLE OF THE ARTIBONITE VALLEY DISTRICT OF HAITI 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,995,604. including grants of \$) (Revenue \$ 472,105.) THE HAS NETWORK OF CARE INCLUDES A 131-BED HOSPITAL LOCATED IN DESCHAPELLES, WHICH SERVES AS THE PRIMARY REFERENCE HOSPITAL IN THE SERVICE 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 FULL PHARMACY. THE PAST YEAR SAW A CONTINUATION OF THE STEADILY RISING DEMAND FOR MOST SERVICES, IN PARTICULAR SURGERY, OB/GYN AND PEDIATRICS. ON ANY GIVEN DAY, THE HOSPITAL OPERATED ABOVE TARGETED CAPACITY, WITH A 1% INCREASE IN ADMISSIONS COMPARED TO 2017 AND AN AVERAGE OCCUPANCY RATE OF 137%. IN 2018, HAS PERFORMED ALMOST 3,500 SURGICAL PROCEDURES, COMPLETED 1,829 DELIVERIES, AND CONDUCTED OVER 70,000 CONSULTATIONS IN THE HOSPITAL OUTPATIENT CLINICS.

4b (Code:) (Expenses \$ 1,150,376. including grants of \$) (Revenue \$ 86,764.) INTEGRATED COMMUNITY SERVICES:

THE HAS INTEGRATED COMMUNITY SERVICES (SCI) NETWORK COMPRISES A WIDE RANGE OF ACTIVITIES INCLUDING COMMUNITY HEALTH, WATER AND SANITATION, AND AGROFORESTRY PROGRAMS. LIKE THE HOSPITAL, DEMANDS FOR COMMUNITY-BASED SERVICES CONTINUES TO INCREASE. THE COMMUNITY HEALTH PROGRAM CONSISTS OF FOUR COMMUNITY HEALTH CENTERS, 70-80 MOBILE CLINICS, 225 HEALTH POSTS PER MONTH, AND A TOTAL OF 69,344 HOME VISITS BY COMMUNITY HEALTH WORKERS (CHWS). IN 2018, A TOTAL OF 163,635 CONSULTATIONS WERE CONDUCTED BETWEEN FOUR COMMUNITY HEALTH CENTERS AND MOBILE CLINICS - A 2% INCREASE OVER 2017. HAS' WATER AND SANITATION PROGRAM DRILLS WELLS AND CONSTRUCTS LATRINES, RAINWATER CATCHMENT

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

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

4e Total program service expenses 7,145,980.