**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.

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:

C Name of organization

GRANT FOUNDATION, INC.

D Employer identification number

25-1017587

E Telephone number

412-361-5200

F Name and address of principal officer

LOUIS MARTIN

SAME AS C ABOVE

G Gross receipts

11,989,336

H(a) Is this a group return for subordinates?...

Yes

H(b) Are all subordinates included?...

Yes

I Tax-exempt status:

X 501(c)(3) 510(c)(4) (insert no. ) 4947(a)(1) or 527

J Website:

WWW.HASHAITI.ORG

K Form of organization:

X Corporation 1 Trust 1 Association 1 Other

L Year of formation:

1956

M State of legal domicile:

PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OPERATE HOSPITAL ALBERT SCHWEITZER TO COLLABORATE WITH THE PEOPLE OF THE ARTIBONITE VALLEY

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) 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 16

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 14

6 Total number of volunteers (estimate if necessary) 147

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1b) 4,330,090

9 Program service revenue (Part VIII, line 2g) 384,460

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 295,771

11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9a, 10c, and 11e) 10,067

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,020,388

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0

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) 3,347,406

16a Professional fundraising fees (Part IX, column (A), line 11a) 126,000

16b Total fundraising expenses (Part IX, column (D), line 25) 779,357

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,316,644

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,779,050

19 Revenue less expenses. Subtract line 18 from line 12 3,750,438

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 15,978,672

21 Total liabilities (Part X, line 26) 755,414

22 Net assets or fund balances. Subtract line 21 from line 20 15,223,258

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.

Signature of officer

LOUIS MARTIN, CEO

Date 7/18/2014

Print/Type preparer's name

ELIZABETH E. KRISHER

Preparer's signature

Date 7/18/2014

Check if self-employed

PTIN P01275616

Paid

Preparer

MAHER DRESSEL, CPA

Use Only

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) X Yes No

See Schedule O for Organization Mission Statement Continuation
1. Briefly describe the organization’s mission:

THE MISSION OF THE GRANT FOUNDATION (HAS) IS TO COLLABORATE WITH THE PEOPLE OF THE ARBONITE VALLEY, 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  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 $ 5,975,429. including grants of $ ) (Revenue $ 516,261.)

   THE GRANT FOUNDATION (HAS) SERVES A POPULATION OF MORE THAN 350,000 PEOPLE IN THE HAITI CENTRAL ARTIBONITE VALLEY, A 610-SQUARE-MILE REGION THAT IS A KEY AGRICULTURAL CENTER FOR HAITI. AN INTEGRATED HEALTH SYSTEM, HAS PROVIDES ADVANCED INPATIENT CARE IN ITS 131-BED HOSPITAL, AND WITH ITS INTEGRATED COMMUNITY SERVICES DIVISION, DELIVERS PREVENTIVE AND PRIMARY HEALTH SERVICES THROUGH A NETWORK OF FOUR COMMUNITY HEALTH CENTERS, MOBILE CLINICS, AND HEALTH POSTS AS WELL AS PARTNERING WITH LOCAL COMMUNITIES TO PROVIDE WATER, SANITATION, ECONOMIC AND ENVIRONMENTAL DEVELOPMENT PROGRAMS.

   THE HAS COLLABORATION APPROACH EXTENDS TO LOCAL AGENCIES INCLUDING THE HAITIAN MINISTRY OF HEALTH AND WITH INTERNATIONAL AND HAITIAN AGENCIES

   **4b**
   
   (Code: ) (Expenses $ 352,008. including grants of $ ) (Revenue $ )

   INTEGRATED COMMUNITY SERVICES:

   PARTNERING WITH LOCAL COMMUNITIES, HAS EDUCATES COMMUNITIES ON HEALTH-RELATED TOPICS, SUCH AS PROPER HYGIENE AND ITS IMPORTANCE IN PREVENTING THE SPREAD OF INFECTIOUS DISEASES, SUCH AS CHOLERA; THE HEALTH BENEFITS OF BREASTFEEDING; WHAT CONSTITUTES HEALTHY NUTRITION; AND REPRODUCTIVE HEALTH OPTIONS FOR WOMEN AND GIRLS. HAS ALSO COLLABORATES WITH COMMUNITIES TO BUILD WELLS. HAS BROUGHT CLEAN WATER TO MORE THAN 5,000 PEOPLE IN 2013. AN HAS AGROFORESTRY PROGRAM HELPS RURAL COMMUNITIES GROW TREES AND SHADE CROPS, IMPROVING THE ENVIRONMENT WHILE HELPING FAMILIES LIVING IN EXTREME POVERTY.

   **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 ► $ 6,327,437.

SEE SCHEDULE O FOR CONTINUATION(S)