** 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)

I Do not enter social security numbers on this form as they may become public.

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

A For the 2014 calendar year, or tax year beginning and ending

B Name of organization

GRANT FOUNDATION, INC.

D Employer identification number

25-1017587

C Employer name

HOSPITAL ALBERT SCHWEITZER

E Telephone number

412-361-5200

B1 Number and street (or P.O. box if mail is not delivered to street address)

2840 LIBERTY AVENUE

E1 Telephone number

201

B2 City or town, state or province, country, and ZIP or foreign postal code

PITTSBURGH, PA 15222

F Name and address of principal officer:

LOUIS MARTIN

SAME AS C ABOVE

G Gross receipts

13,587,053

J Website: WWW.HASHAITEI.ORG

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

[ ] Yes [X] No

H(b) Are all subordinates included?

[ ] Yes [ ] No

K Form of organization: [ ] Corporation [ ] Trust [X] Association [ ] Other

 contracted to collaborate with the people of the artibonite valley

L Year of formation: 1956 [ ] State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OPERATE HOSPITAL 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)

3

X

17

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

4

16

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)

5

14

6 Total number of volunteers (estimate if necessary)

6

141

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

7a 17,200

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

0

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 preparer which any officer has prepared.

Sign Here

LOUIS MARTIN, CEO

Type or print name and title

Date

7-2-2015

Paid

Print/Type preparer's name

ELIZABETH E. KRISHER

Preparer's signature

Preparer's EIN

M1

PTIN

01275616

Preparer

MAHER DUESSEL, CPA's

Use Only

Firm's address

503 MARTINDALE STREET, SUITE 600

PITTSBURGH, PA 15212

Phone number

412-471-5500

May the IRS discuss this return with the preparer shown above? (see instructions)

[ ] Yes [X] No
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 services 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 $ 6,129,422. including grants of $ ________) (Revenue $ 460,457.)
   ESTABLISHED IN 1956, HOPITAL ALBERT SCHWEITZER HAITI (HAS) IS AN INTEGRATED COMMUNITY HEALTH CARE NETWORK IN THE CENTER OF THE ARTIBONITE VALLEY SERVING THE PEOPLE OF THE VALLEY AND THE SURROUNDING RURAL, MOUNTAIN COMMUNITIES. THE HAS NETWORK OF CARE INCLUDES A 131-BED HOSPITAL LOCATED IN DESCHAPELLES, WHICH SERVES AS THE PRIMARY REFERENCE HOSPITAL FOR 350,000 PEOPLE LIVING IN A 610-SQUARE-MILE AREA. THE HOSPITAL OFFERS ADVANCED CARE IN INTERNAL MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY (OB/GYN), AND PEDIATRICS, AS WELL AS PHYSICAL REHABILITATION, LABORATORY DIAGNOSTICS, AND A FULL PHARMACY. THE PAST YEARS 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 CAPACITY, ADMITTING MORE THAN 11,000

4b. (Code: ________) (Expenses $ 379,534. including grants of $ ________) (Revenue $ ________)
   INTEGRATED COMMUNITY SERVICES:

   THE HAS INTEGRATED COMMUNITY SERVICES (ICS) NETWORK COMPRISES A WIDE RANGE OF ACTIVITIES, INCLUDING FOUR COMMUNITY CLINICS, 70-80 MOBILE CLINICS, 300 HEALTH POSTS PER MONTH, AND 6,000 HOME VISITS PER MONTH BY COMMUNITY HEALTH WORKERS (CHWS). HAS ALSO INSTALLS AND MAINTAINS COMMUNITY WATER WELLS AND OTHER WATER AND SANITATION PROJECTS THROUGHOUT THE COMMUNITIES IT SERVES, AND IT HAS AN EXTENSIVE, COMMUNITY-DRIVEN AGRO-FORESTRY PROGRAM. DEMAND FOR INTEGRATED COMMUNITY SERVICES IS ON THE RISE. FOR EXAMPLE, CHWS HAVE INCREASED THEIR OUTPUT CONSIDERABLY WITH STATIC STAFF NUMBERS, AND WATER AND SANITATION ACTIVITIES HAVE REMAINED AT HIGH OUTPUT STEADILY OVER THE PAST FEW

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 ➤ 6,508,956.

SEE SCHEDULE O FOR CONTINUATION(S)