

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2014 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		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 \$ 13,587,053.
	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 H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
F Name and address of principal officer: LOUIS MARTIN SAME AS C ABOVE			
I 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			
J Website: ▶ WWW.HASHAITI.ORG			

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1956** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATE HOPITAL ALBERT SCHWEITZER TO COLLABORATE WITH THE PEOPLE OF THE ARTIBONITE VALLEY		
	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	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
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,200.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,243,205.	Current Year 6,110,423.
	9 Program service revenue (Part VIII, line 2g)	516,261.	460,457.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,290,579.	1,724,061.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,758.	52,408.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,087,803.	8,347,349.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	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)	3,804,300.	3,904,004.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 756,499.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,589,372.	3,643,768.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,393,672.	7,547,772.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-305,869.	799,577.
	20 Total assets (Part X, line 16)	Beginning of Current Year 15,825,075.	End of Year 15,742,042.
	21 Total liabilities (Part X, line 26)	260,224.	308,714.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,564,851.	15,433,328.

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>Louis Martin</i>	Date 7-2-2015
	LOUIS MARTIN, CEO 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 7/2/15	Check <input type="checkbox"/> 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 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: 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 [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 \$ 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.