

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)

**2016**

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](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>GRANT FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>25-1017587</b>
	Doing business as <b>HOPITAL ALBERT SCHWEITZER HAITI</b>		<b>E</b> Telephone number <b>412-361-5200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>12,440,126.</b>
	<b>2840 LIBERTY AVENUE</b>	<b>201</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15222</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>LOUIS MARTIN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.HASHAITI.ORG</b>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1956</b> <b>M</b> State of legal domicile: <b>PA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OPERATE HOPITAL ALBERT SCHWEITZER TO COLLABORATE WITH THE PEOPLE OF THE ARTIBONITE VALLEY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>178</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,885,146.</b>	<b>6,793,911.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>716,512.</b>	<b>625,211.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,147,617.</b>	<b>869,868.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>27,596.</b>	<b>-18,079.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,776,871.</b>	<b>8,270,911.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,092,086.</b>	<b>3,682,682.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>657,073.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,346,921.</b>	<b>3,305,583.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,439,007.</b>	<b>6,988,265.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,337,864.</b>	<b>1,282,646.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>16,095,251.</b>	<b>17,921,921.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>397,561.</b>	<b>536,353.</b>
		<b>15,697,690.</b>	<b>17,385,568.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Louis Martin</i>	Date <b>06/09/2017</b>			
	<b>LOUIS MARTIN, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH E. KRISHER</b>	Preparer's signature <i>Elizabeth E. Krisher</i>	Date <b>06/09/2017</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01275616</b>
	Firm's name <b>MAHER DUESSEL, CPAs</b>	Firm's EIN <b>25-1622758</b>			
	Firm's address <b>503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212</b>	Phone no. <b>412-471-5500</b>			

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 ARTIBONITE 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 \$ 5,760,767. including grants of \$ ) (Revenue \$ 625,211.) ESTABLISHED IN 1956, HOPITAL ALBERT SCHWEITZER HAITI (HAS): HAS IS A FULL SERVICE HOSPITAL SERVING THE PEOPLE OF THE LOWER ARTIBONITE VALLEY AND THE SURROUNDING RURAL, MOUNTAIN COMMUNITIES. THE HAS NETWORK OF CARE INCLUDES 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, 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, ADMITTING MORE THAN 11,000 OUTPATIENT CONSULTATIONS.

4b (Code: ) (Expenses \$ 265,621. including grants of \$ ) (Revenue \$ ) INTEGRATED COMMUNITY SERVICES:

THE HAS INTEGRATED COMMUNITY SERVICES (ICS) NETWORK COMPRISES A WIDE RANGE OF ACTIVITIES, INCLUDING FOUR COMMUNITY HEALTH CENTERS, 70-80 MOBILE CLINICS, 300 CHILD 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 HAS AN EXTENSIVE COMMUNITY-DRIVEN AGRO-FORESTRY PROGRAM. DEMANDS FOR INTEGRATED COMMUNITY SERVICES HAVE INCREASED. WATER AND SANITATION ACTIVITIES HAVE REMAINED STEADY AVERAGING 11 WELLS DRILLED PER YEAR (EACH SERVING APPROX. 500 PEOPLE). HEALTH-RELATED EDUCATION REACHES NEARLY 10,000

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 6,026,388.