

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** 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 \$ 7,284,079.
	PO BOX 110091		
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15232		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	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

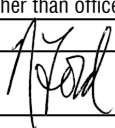
J Website: **WWW.HASHAITI.ORG**

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

Part I Summary		Prior Year	Current Year
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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	95
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,992,827.	3,723,291.
	9 Program service revenue (Part VIII, line 2g)	558,869.	555,438.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,219,947.	364,471.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-63,466.	-15,349.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,708,177.	4,627,851.
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)	4,252,380.	4,088,041.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	692,511.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,886,349.	2,825,236.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,138,729.	6,913,277.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,430,552.	-2,285,426.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,887,456.	End of Year 12,133,871.
	21 Total liabilities (Part X, line 26)	642,396.	695,032.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,245,060.	11,438,839.

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 	Date 21-07-2020			
	NEVIN FORD, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH E. KRISHER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01275616
	Firm's name MAHER DUESSEL, CPA'S	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 \$ 5,186,000. including grants of \$) (Revenue \$ 488,182.) 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 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 OVER 14,000 ADMISSIONS IN 2019 AND AN AVERAGE OCCUPANCY RATE WELL OVER 100%. IN 2019, HAS PERFORMED ALMOST 1,500 SURGICAL PROCEDURES, COMPLETED 2,185 DELIVERIES, AND CONDUCTED OVER 100,000 CONSULTATIONS IN THE HOSPITAL OUTPATIENT CLINICS.

4b (Code:) (Expenses \$ 764,335. including grants of \$) (Revenue \$ 67,256.) INTEGRATED COMMUNITY SERVICES:

THE HAS INTEGRATED COMMUNITY SERVICES (SCI) NETWORK COMPRISES A WIDE RANGE OF ACTIVITIES INCLUDING COMMUNITY HEALTH, AND DEVELOPMENT PROGRAMS INCLUDING WATER AND SANITATION, AND AGROFORESTRY. SIMILAR TO THE HOSPITAL, DEMANDS FOR COMMUNITY-BASED SERVICES CONTINUES TO INCREASE. THE COMMUNITY HEALTH PROGRAM CONSISTS OF FOUR COMMUNITY HEALTH CENTERS, AND A LARGE NETWORK OF CHMMUNITY HEALTH WORKERS (CHW) MAKING A TOAL OF 55,675 HOME VISITS IN 2019. HAS' WATER AND SANITATION PROGRAM DRILLS WELLS AND CONSTRUCTS LATRINES, RAINWATER CATCHMENT CISTERNS, AND OTHER WATER AND SANITATION STRUCTURES THROUGHOUT HAS AREA. THE TEAM DRILLED PROVIDED WELLS AND REPAIR SERVICES IN

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

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

4e Total program service expenses 5,950,335.