

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated return
 Amended return
 Application pending

C Name of organization
 Please use IRS label or print or type.
HEALTHRIGHT INTERNATIONAL, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
80 MAIDEN LANE
 City or town, state or country, and ZIP + 4
NEW YORK, NY 10038

D Employer identification number
13-3791391

E Telephone number
212-226-9890

F Name and address of principal officer:
SAME AS C ABOVE

G Gross receipts \$ **4,196,983.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **WWW.HEALTHRIGHT.ORG**

K Form of organization: Corporation Trust Association Other ▶

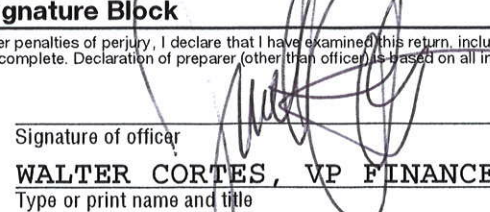
L Year of formation: **1993** **M State of legal domicile:** **NY**

Part I Summary

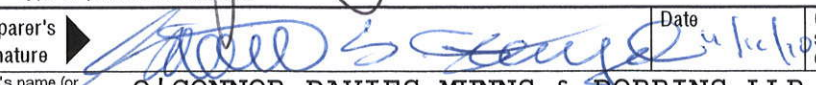
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HEALTHRIGHT INTERNATIONAL IS A GLOBAL HEALTH AND HUMAN RIGHTS ORGANIZATION WORKING TO BUILD LASTING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	140
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,087,780.	4,107,678.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,742.	9,241.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,499.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,160,021.	4,116,919.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,622,421.	2,748,257.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 365,054.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,373,581.	2,394,150.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,996,002.	5,142,407.
19 Revenue less expenses. Subtract line 18 from line 12	164,019.	-1,025,488.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,455,489.	1,388,645.
	22 Net assets or fund balances. Subtract line 21 from line 20	226,764.	185,408.
		2,228,725.	1,203,237.

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 ▶  Date **11/12/10**

Signature of officer
WALTER CORTES, VP FINANCE & ADMIN/TREASURER
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature  Date **11/12/10** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4
O'CONNOR DAVIES MUNNS & DOBBINS LLP
1 BARKER AVENUE
WHITE PLAINS, NY 10601
 Preparer's identifying number (see instructions)
 EIN ▶
 Phone no. ▶ **914-421-5600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION HEALTHRIGHT INTERNATIONAL IS A GLOBAL HEALTH AND HUMAN RIGHTS ORGANIZATION WORKING TO BUILD LASTING ACCESS TO HEALTH FOR EXCLUDED COMMUNITIES. WE WORK CLOSELY WITH COMMUNITIES AND ESTABLISH LOCAL PARTNERSHIPS TO DELIVER HEALTH SERVICES. AT THE SAME TIME, WE PROVIDE

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,720,272. including grants of \$) (Revenue \$) RUSSIA

PROJECT GOALS:

- TO KEEP CHILDREN BORN TO HIV-POSITIVE MOTHERS WITHIN THE BIRTH FAMILY ENVIRONMENT WHEN POSSIBLE AND PROVIDE COMPREHENSIVE SUPPORT TO HIV-POSITIVE MOTHERS AND THEIR FAMILIES
TO PREVENT HIV TRANSMISSION AMONG STREET CHILDREN AND YOUTH IN ST. PETERSBURG, RUSSIA AND FACILITATE ACCESS TO CARE, TREATMENT, AND SUPPORT FOR THOSE LIVING WITH HIV
PREVENT HOMELESSNESS AND INSTITUTIONALIZATION OF AT-RISK CHILDREN AND ADOLESCENTS.
RESTORE FAMILY SUPPORT TO STREET CHILDREN, ADOLESCENTS, AND THOSE IN INSTITUTIONS.

4b (Code:) (Expenses \$ 1,117,104. including grants of \$) (Revenue \$) KENYA PROGRAMS

PROJECT GOALS

- TO REDUCE MORBIDITY AND MORTALITY FROM HIV/AIDS IN THE TARGETED DISTRICTS
TO REDUCE MORBIDITY AND MORTALITY FROM MALARIA IN FIVE DISTRICTS OF THE NORTH RIFT VALLEY BY PROMOTING COMMUNITY ADOPTION OF POSITIVE PREVENTION AND CARE-SEEKING BEHAVIORS AND BY STRENGTHENING ACCESS TO QUALITY PREVENTION AND TREATMENT SERVICES.
TO CONTRIBUTE TO THE REDUCTION OF MATERNAL AND NEONATAL MORBIDITY AND MORTALITY IN FIVE DIVISIONS OF THE GREATER POKOT DISTRICT, BY INCREASING THE UTILIZATION AND QUALITY OF FACILITY-AND COMMUNITY BASED

4c (Code:) (Expenses \$ 550,650. including grants of \$) (Revenue \$) NEPAL, VIETNAM AND OTHER PROGRAMS

PROJECT GOALS

- IN NEPAL, HEALTHRIGHT SEEKS TO IMPROVE ACCESS TO RIGHTS-BASED HEALTH SERVICES, INCLUDING PSYCHOSOCIAL CARE AND PEER SUPPORT, FOR SURVIVORS OF TRAFFICKING AND OTHER ABUSES AND TRAUMA
THE PMNH PROJECT'S GOAL IS TO CONTRIBUTE TO THE REDUCTION OF NEONATAL AND MATERNAL MORBIDITY AND MORTALITY IN KAPILVASTU AND ARGHAKHACHI DISTRICTS OF NEPAL BY INCREASING AND SUSTAINING AWARENESS, UTILIZATION AND QUALITY OF FACILITY- AND COMMUNITY-BASED MNC SERVICES

ACCOMPLISHMENTS/STATISTICS

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,044,827. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 4,432,853.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 7		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: KENYA, RUSSIA, UKRAINE See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► WALTER CORTES - 212-226-9890 80 MAIDEN LANE, NEW YORK, NY 10038

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICTORIA SHARP, MD PRESIDENT	3.00	X		X				0.	0.	0.
STEVEN J. BERGER CHAIR	3.00	X						0.	0.	0.
TERRY J. BLUMER BOARD MEMBER	3.00	X						0.	0.	0.
TOM COLICCHIO BOARD MEMBER	1.00	X						0.	0.	0.
GARY L. DAMKOEHLER BOARD MEMBER	1.00	X						0.	0.	0.
JACK A. DEHOVITZ, MD MPH BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY P. FLANIGAN, MD BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES P. FLOE BOARD MEMBER	1.00	X						0.	0.	0.
ARTHUR FRIED BOARD MEMBER	1.00	X						0.	0.	0.
MITCHELL A. KLINE, MD BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH LERER BOARD MEMBER	1.00	X						0.	0.	0.
CONSTANCE MARGOLIN, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
MOHSIN Y. MEGHJI BOARD MEMBER	1.00	X						0.	0.	0.
HOWARD MINKOFF, MD BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. ROEDY BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN M. SAMMUT BOARD MEMBER	1.00	X						0.	0.	0.
RAMONA SUNDERWIRTH, MD M BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANET TOBIAS BOARD MEMBER	1.00	X						0.	0.	0.
MILA ROSENTHAL EXECUTIVE DIR. STARTING	40.00			X				55,865.	0.	0.
WALTER CORTES VICE PRESIDENT - FINANCE	40.00			X				109,152.	0.	2,500.
VANDANA TRIPATHI PROGRAM DIRECTOR	40.00			X				119,438.	0.	2,500.
JOHN LINDER VICE PRESIDENT - DEVELOP	40.00			X				103,461.	0.	0.
THOMAS DOUGHERTY EXECUTIVE DIR. UNTIL AUG	40.00						X	132,023.	0.	8,340.
1b Total								519,939.	0.	13,340.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	173,638.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,079,526.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,854,514.				
	g	Noncash contributions included in lines 1a-1f: \$		76,132.				
	h	Total. Add lines 1a-1f		4,107,678.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,241.			9,241.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 173,638. of contributions reported on line 1c). See Part IV, line 18	a		80,064.			
		Less: direct expenses	b		80,064.			
		Net income or (loss) from fundraising events			0.			
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			4,116,919.	0.	0.	9,241.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	519,939.	412,791.	45,441.	61,707.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,670,651.	1,326,365.	146,010.	198,276.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,485.	20,506.	2,686.	2,293.
9 Other employee benefits	300,441.	241,738.	31,668.	27,035.
10 Payroll taxes	231,741.	186,462.	24,427.	20,852.
11 Fees for services (non-employees):				
a Management				
b Legal	10,056.	10,056.		
c Accounting	45,541.	8,188.	35,000.	2,353.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	357,366.	319,374.	28,082.	9,910.
12 Advertising and promotion				
13 Office expenses	242,582.	223,668.	4,221.	14,693.
14 Information technology	15,347.	14,451.	591.	305.
15 Royalties				
16 Occupancy	288,913.	260,199.	13,941.	14,773.
17 Travel	142,458.	141,895.	93.	470.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,031.	25,566.	2,168.	2,297.
23 Insurance	21,557.	16,677.	4,501.	379.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUBCONTRACT GRANT EXPEN	723,837.	723,837.	0.	0.
b TRAINING AND WORKSHOPS	178,081.	171,830.	15.	6,236.
c FURNITURE AND EQUIPMENT	141,075.	138,918.	1,136.	1,021.
d VEHICLE RENTAL/MAINTENA	102,664.	102,664.	0.	0.
e OTHERS	36,594.	36,254.	165.	175.
f All other expenses	58,048.	51,414.	4,355.	2,279.
25 Total functional expenses. Add lines 1 through 24f	5,142,407.	4,432,853.	344,500.	365,054.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,651,339.	1	288,378.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	545,719.	4	851,496.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	47,973.	9	43,951.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 230,565.			
	b Less: accumulated depreciation	10b 84,501.	151,702.	10c	146,064.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	58,756.	12	58,756.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,455,489.	16	1,388,645.		
Liabilities	17 Accounts payable and accrued expenses	139,693.	17	99,025.	
	18 Grants payable		18		
	19 Deferred revenue	37,927.	19	37,239.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	49,144.	25	49,144.	
	26 Total liabilities. Add lines 17 through 25	226,764.	26	185,408.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,366,008.	27	656,222.	
	28 Temporarily restricted net assets	862,717.	28	547,015.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	2,228,725.	33	1,203,237.	
34 Total liabilities and net assets/fund balances	2,455,489.	34	1,388,645.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **HEALTHRIGHT INTERNATIONAL, INC.** Employer identification number **13-3791391**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4123887.	4765905.	4230375.	5087780.	4107668.	22315615.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4123887.	4765905.	4230375.	5087780.	4107668.	22315615.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5251342.
6 Public support. Subtract line 5 from line 4.						17064273.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4123887.	4765905.	4230375.	5087780.	4107668.	22315615.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,999.	35,912.		25,742.	9,241.	118,894.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			45,364.	46,499.		91,863.
11 Total support. Add lines 7 through 10						22526372.
12 Gross receipts from related activities, etc. (see instructions)					12	1,827,589.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	75.75 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	74.73 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

HEALTHRIGHT INTERNATIONAL, INC.

13-3791391

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization HEALTHRIGHT INTERNATIONAL, INC.	Employer identification number 13-3791391
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OPEN SOCIETY INSTITUTE 400 WEST, 59TH STREET NEW YORK, NY 10019	\$ 194,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FAMILY HEALTH INTERNATIONAL CDN PLAZA, 2ND FL, MOI ROAD NAKURU, KENYA	\$ 250,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JOHNSON & JOHNSON 1 JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BOEING COMPANY	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	PACT VIETNAM 37A XUAN DIEU, TAY HO HANOI, VIETNAM	\$ 218,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED STATES AGENCY FOR INT'L DEVELOPMENT - USAID 1300 PENNSYLVANIA AVE NW WASHINGTON, DC 20523-0001	\$ 1,336,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HEALTHRIGHT INTERNATIONAL, INC.	Employer identification number 13-3791391
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WORLD CHILDHOOD FOUNDATION PO BOX 19084 STOCKHOLM, SWEDEN	\$ 656,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	WORLD LEARNING FOR INTERNATIONAL DEVELOPMENT 1015 15TH STREET NW STE 750 WASHINGTON, DC 20005	\$ 152,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEALTHRIGHT INTERNATIONAL, INC.	13-3791391

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
HEALTHRIGHT INTERNATIONAL, INC.	13-3791391

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		110,315.	35,962.	74,353.
d Equipment		75,119.	33,616.	41,503.
e Other		45,131.	14,923.	30,208.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				146,064.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,116,919.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,142,407.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,025,488.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,025,488.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,508,705.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	391,786.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	391,786.
3	Subtract line 2e from line 1	3	4,116,919.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,116,919.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,534,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	391,786.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	391,786.
3	Subtract line 2e from line 1	3	5,142,407.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,142,407.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

HEALTHRIGHT INTERNATIONAL, INC. (HEALTHRIGHT) ADOPTED FASB GUIDANCE ON

UNCERTAIN INCOME TAX POSITIONS IN ITS FINANCIAL STATEMENTS. HEALTHRIGHT'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. HEALTHRIGHT IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2006.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **HEALTHRIGHT INTERNATIONAL, INC.** **Employer identification number** **13-3791391**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	0	PROGRAM SERVICES	HIV	2,211,793.
SUB SAHARAN AFRICA	1	0	PROGRAM SERVICES	HIV/MATERNAL CARE	1,117,104.
NORTH AMERICA	1	0	PROGRAM SERVICES	TB CONTROL	233,467.
EAST ASIA AND THE PACIFIC	1	0	PROGRAM SERVICES	HIV ORPHANS	491,746.
SOUTH ASIA	1	0	PROGRAM SERVICES	GENDER VIOLENCE	58,817.
EUROPE	0	0	PROGRAM SERVICES	ASSESSMENTS	87.
Totals	6	0			4,113,014.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		AWARDS DINNER (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	253,702.			253,702.
	2	Less: Charitable contributions	173,638.			173,638.
	3	Gross income (line 1 minus line 2)	80,064.			80,064.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	80,064.			80,064.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(80,064)
	11	Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS DOUGHERTY	(i)	132,023.	0.	0.	2,500.	5,840.	140,363.	181,120.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
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Noncash Contributions

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▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **HEALTHRIGHT INTERNATIONAL, INC.** Employer identification number **13-3791391**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	76,132.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
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Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESS TO HEALTH FOR EXCLUDED COMMUNITIES. WE WORK CLOSELY WITH

COMMUNITIES AND ESTABLISH LOCAL PARTNERSHIPS TO DELIVER HEALTH

SERVICES. AT THE SAME TIME, WE PROVIDE TRAINING AND EQUIPMENT AND

IMPROVE SYSTEMS TO ENABLE OUR PARTNERS TO DELIVER SERVICES ON THEIR

OWN. OUR GOAL IS TO CREATE LASTING CHANGE THAT SUPPORTS ACCESS TO

HEALTH WHILE STRENGTHENING HUMAN RIGHTS.

OUR PROJECTS ADDRESS HEALTH AND SOCIAL CRISES MADE WORSE BY HUMAN

RIGHTS VIOLATIONS, WITH A PARTICULAR FOCUS AND EXPERTISE ON:

1. HIV/AIDS, TB, AND MALARIA, INCLUDING THE RIGHTS OF PEOPLE LIVING WITH

THESE DISEASES TO CARE, AND PROTECTION FROM STIGMA AND DISCRIMINATION

2. WOMEN'S HEALTH, INCLUDING WOMEN'S RIGHT TO INFORMATION AND EQUAL

ACCESS TO PROTECTION AND QUALITY CARE, INCLUDING SAFE AND EFFECTIVE

MATERNAL AND NEONATAL CARE

SEE CONTINUATION ON PAGE 34 OF SCHEDULE O.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRAINING AND EQUIPMENT AND IMPROVE SYSTEMS TO ENABLE OUR PARTNERS TO

DELIVER SERVICES ON THEIR OWN. OUR GOAL IS TO CREATE LASTING CHANGE

THAT SUPPORTS ACCESS TO HEALTH WHILE STRENGTHENING HUMAN RIGHTS.

OUR PROJECTS ADDRESS HEALTH AND SOCIAL CRISES MADE WORSE BY HUMAN

RIGHTS VIOLATIONS, WITH A PARTICULAR FOCUS AND EXPERTISE ON:

1. HIV/AIDS, TB, AND MALARIA, INCLUDING THE RIGHTS OF PEOPLE LIVING WITH

THESE DISEASES TO CARE, AND PROTECTION FROM STIGMA AND DISCRIMINATION

2. WOMEN'S HEALTH, INCLUDING WOMEN'S RIGHT TO INFORMATION AND EQUAL

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ACCESS TO PROTECTION AND QUALITY CARE, INCLUDING SAFE AND EFFECTIVE
MATERNAL AND NEONATAL CARE

SEE CONTINUATION ON PAGE ___ OF SCHEDULE O.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

⊙ ENHANCE THE PHYSICAL AND MENTAL HEALTH AND LIFE SKILLS OF AT-RISK
CHILDREN AND ADOLESCENTS

⊙ ESTABLISHMENT OF A PILOT SOCIAL SERVICES TRAINING CENTER AND
DEVELOPMENT OF A TRAINING CURRICULUM FOR TRAINING AND RETRAINING SOCIAL
WORKERS.

⊙ PROVISION OF TRAINING FOR SOCIAL WORKERS IN ST. PETERSBURG

ACCOMPLISHMENTS/STATISTICS

? MAMA+ SCREENED A TOTAL OF 121 WOMEN AND ENROLLED 73 WOMEN AND THEIR
CHILDREN, FOR A TOTAL OF 181 HIV-POSITIVE WOMEN RECEIVING MAMA+
ASSISTANCE AT ALL PROJECT SITES

? PROVIDED SERVICES THROUGH THE MAMA+ CENTER IN ST. PETERSBURG TO 187
HIV-POSITIVE WOMEN (INCLUDING 165 MAMA+ CLIENTS AND 22 NON-CLIENTS) AND
67 FAMILY MEMBERS WHO MADE 844 VISITS; ALSO PROVIDED SERVICES TO 110
CHILDREN, WHO MADE 622 VISITS TO THE MAMA+ CENTER;

? PROVIDED 17 HIV-POSITIVE WOMEN WITH YOUNG CHILDREN, INCLUDING VICTIMS
OF DOMESTIC VIOLENCE, WITH MAMA+ HALFWAY HOUSE PSYCHOSOCIAL, LEGAL, AND
EDUCATIONAL SUPPORT SERVICES

? SERVED 1,390 CLIENTS ACROSS DICS, FOSTER FAMILIES, IN INSTITUTIONS,
AND IN FAMILIES AT RISK;

? SERVED 1,107 CLIENTS AT DICS: 179 CLIENTS AT NEVSKY DIC (1,689

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VISITS) AND 995 CLIENTS AT FRUNZENSKY DIC (8,659 VISITS);

? SERVED 116 CLIENTS (1,575 NIGHTS IN TOTAL) AT THE FRUNZENSKY

OVERNIGHT SHELTER, PROVIDING ACCOMMODATION, MEAL, EMERGENCY MEDICAL

CARE, PSYCHOLOGICAL SUPPORT, AND DIC PROGRAMS;

? PROVIDED 17 CLIENTS WITH LONG-TERM HOUSING, PSYCHOSOCIAL ASSISTANCE,

CRISIS COUNSELING, TUTORING SERVICES, RECREATIONAL ACTIVITIES, LEGAL

AND MEDICAL SUPPORT AT THE KALININSKY HALFWAY HOUSE, AND 11 CLIENTS AT

THE FRUNZENSKY HALFWAY HOUSE FOR DRUG-INVOLVED STREET YOUTH.

? TRAINED PROFESSIONALS FROM 15 (OUT OF 18) DISTRICTS OF ST. PETERSBURG

? TRAINED A TOTAL OF 238 STAFF OF CENTERS OF SOCIAL ASSISTANCE TO

FAMILIES AND CHILDREN (CSAFC) FROM THE FIFTEEN DISTRICTS NOTED ABOVE

THROUGH A TOTAL OF 47 SESSIONS CENTERING ON SUCH ISSUES AS PSYCHOSOCIAL

ASPECTS OF HIV, INTERDISCIPLINARY CASE MANAGEMENT, ORGANIZATION OF

SERVICES FOR HIV-POSITIVE WOMEN WITH YOUNG CHILDREN: MAMA+ BEST

PRACTICES, AND ORGANIZATION OF WORK WITH BIOLOGICAL FAMILIES

? CONTINUED TO IMPLEMENT HIV PREVENTION WORKSHOPS BASED ON THE STEPS

METHODOLOGY, WHICH HEALTHRIGHT DESIGNED FOR THE COGNITIVE LEVEL AND

BEHAVIORAL RISK PROFILE OF STREET AND AT-RISK CHILDREN AND YOUTH. IN

2009, 200 PREVENTION WORKSHOP SESSIONS WERE PROVIDED TO 256

PARTICIPANTS AT HEALTHRIGHT PROJECTS, INCLUDING CLIENTS OF BOTH DICS,

BOTH HALFWAY HOUSES FOR AT-RISK YOUTH, AND STREET OUTREACH, AND 40

PARTICIPANTS AT PARTNER SITES

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MATERNAL AND NEWBORN CARE (MNC) SERVICES AND LINKING WOMEN AND CHILDREN

TO HIV/AIDS AND MALARIA SERVICES

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ACCOMPLISHMENTS/STATISTICS

AS OF THE END OF 2009, HEALTHRIGHT HAS 3,360 HIV-POSITIVE PATIENTS IN CARE. 2,160 (64.3%) OF THESE WERE FEMALE, AND (16.7%) 560 WERE CHILDREN. 1,460 (43.5%) OF THESE ARE ON ANTIRETROVIRAL TREATMENT.

HEALTHRIGHT HAS RETAINED 95.7% OF ALL LIVING PATIENTS ENROLLED SINCE 2005

FACILITATED OVER 84,897 HIV TESTS, IDENTIFYING 2,702 NEW HIV-POSITIVE INDIVIDUALS, AND ENROLLED 1,417 NEW PATIENTS INTO CARE. MONTHLY HIV TESTING ACROSS PROJECT SITES HAS INCREASED BY 275% SINCE JANUARY.

CONTINUED TO SUPPORT PARTNER HEALTH FACILITIES TO PROVIDE TEN MONTHLY MOBILE OUTREACH CLINICS OFFERING HEALTH SERVICES TO RURAL POPULATIONS; ALSO SUPPORTED THE EVANGELICAL LUTHERAN CHURCH OF KENYA, TO IMPLEMENT MOBILE OUTREACH CLINICS IN TWO SITES EACH MONTH. THESE CLINICS TOGETHER REACHED 19,227 COMMUNITY MEMBERS WITH MATERNAL AND NEWBORN CARE SERVICES..

THIS YEAR, THE PROJECT STAFF REACHED 20,929 INDIVIDUALS WITH THE PROJECT'S KEY MESSAGES THROUGH COMMUNITY EVENTS AND MARKET DAYS.

BEGAN CONSTRUCTION OF MATERNITY WAITING HOMES (MWHs) IN ORTUM MISSION HOSPITAL AND KABICHBICH HEALTH CENTER TO PROMOTE FACILITY DELIVERIES BY REDUCING BARRIERS OF TRANSPORTATION AND DISTANCE.

BUILT THE CAPACITY OF HEALTH FACILITY MANAGEMENT COMMITTEES AT EACH OF THE NINE FACILITIES THROUGH TRAINING ON TOPICS OF MATERNAL AND NEONATAL HEALTH, DATA USE AND MANAGEMENT AND THE MINISTRY OF HEALTH SYSTEM.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

⊙A TOTAL OF 81 CLIENTS (SAATHI: 61 AND ABC-NEPAL: 20) WERE REFERRED TO SPECIALISTS AT VARIOUS HOSPITALS AND 18 CLIENTS (SAATHI: 17 AND ABC-NEPAL: 1) WERE REFERRED TO VOLUNTARY COUNSELING AND TESTING (VCT) SERVICE CENTERS FOR HIV TESTS.

⊙SHELTER-BASED NURSES CONDUCTED HEALTH EDUCATION CLASSES FOR 263 SHELTER RESIDENTS (SAATHI: 156 AND ABC-NEPAL: 107) ON PRENATAL AND ANTENATAL CARE, MENSTRUAL HYGIENE, PERSONAL HYGIENE, FAMILY PLANNING, IMMUNIZATION, JAUNDICE, TYPHOID, TAPE WORMS, PREVENTION AND TREATMENT OF DIARRHEA, HIV/AIDS AND OTHER STIS, UTERO-VAGINAL PROLASE, AND FIRST AID.

⊙61 SHELTER RESIDENTS WERE REINTEGRATED WITH THEIR FAMILIES/COMMUNITIES AFTER INDIVIDUAL AND FAMILY COUNSELING.

⊙BEGAN TO FORMALIZE A PARTNERSHIP WITH LOCAL RESEARCH INSTITUTE, MOTHER INFANT RESEARCH ACTIVITIES (MIRA), TO JOINTLY CONDUCT OPERATIONS RESEARCH, A KEY PRIORITY OF THE CSHGP INNOVATION AWARDS.

⊙FINALIZED A PMNH PROJECT AGREEMENT REQUEST WITH NEPAL'S SOCIAL WELFARE COUNCIL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UKRAINE PROGRAM

PROGRAM GOALS:

⊙CONDUCTING QUALITATIVE RESEARCH TO EXAMINE HOW NATIONAL POLICIES ON HIV TESTING AMONG PREGNANT WOMEN TRANSLATE INTO PRACTICE AND THE EXTENT TO WHICH HIV TESTING PRACTICE PROTECTS PREGNANT WOMEN'S HUMAN RIGHTS.

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TO REPLICATE HEALTHRIGHT'S DIC MODEL OF PSYCHOSOCIAL ASSISTANCE FOR
STREET CHILDREN AND AT-RISK YOUTH IN CHERNIHIV IN PARTNERSHIP WITH THE
CHILDREN'S SERVICE OF CHERNIHIV REGIONAL STATE ADMINISTRATION,
PROVIDING NEEDED SERVICES TO HOMELESS AND AT-RISK CHILDREN AND YOUTH
WHILE DISSEMINATING THE MODEL FOR REPLICATION

IMPLEMENT ONGOING FOLLOW UP SERVICES FOR STREET YOUTH TESTING
POSITIVE FOR HIV IN KYIV AND DONETSK AND TO TRAIN PARTNER
ORGANIZATIONS' OUTREACH STAFF TO PROVIDE SERVICES TO AT-RISK AND STREET
YOUTH.

TO PROVIDE HIGH-RISK HIV-POSITIVE NEW MOTHERS AND PREGNANT WOMEN WITH
TARGETED SUPPORT AND SERVICES TO EMPOWER THEM TO KEEP THEIR NEWBORN
CHILDREN IN THE FACE OF THE MANY CHALLENGES THEY ENCOUNTER AFTER
LEARNING THEIR HIV STATUS, INCLUDING ADJUSTING TO SOCIAL
DISCRIMINATION, MANAGING THEIR DRUG USE, LACK OF FAMILY SUPPORT, AND
DIFFICULT ECONOMIC OR OTHER LIFE CIRCUMSTANCES

TO IMPROVE UKRAINIAN SERVICE CAPACITY AND METHODOLOGY FOR
PSYCHOSOCIAL SUPPORT OF STREET AND AT-RISK CHILDREN AND YOUTH AS WELL
AS THEIR FAMILIES THROUGH THE CREATION OF A COMPREHENSIVE PROFESSIONAL
TRAINING CURRICULUM THAT WILL BE PROVIDED TO AT-RISK CHILDREN, YOUTH,
AND FAMILY SERVICE PROVIDERS AND POTENTIALLY ADOPTED BY THE MINISTRY OF
FAMILY, YOUTH AND SPORTS (MFYS) FOR TRAINING ADDITIONAL SOCIAL WORKERS
FROM RELEVANT STATE SERVICES THROUGHOUT THE COUNTRY

ACCOMPLISHMENTS/STATISTICS

CONDUCTED AND TRANSCRIBED 60 INTERVIEWS WITH PREGNANT WOMEN (30 IN
DONETSK AND 30 IN SLAVYANSK) AND 25 INTERVIEWS WITH HEALTHCARE WORKERS

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(15 IN DONETSK AND 10 IN SLAVYANSK).

ESTABLISHED PARTNERSHIPS WITH THE MINISTRY OF HEALTH (MOH) OF
UKRAINE, IN PARTICULAR WITH THE HEAD OF OBSTETRIC AND GYNECOLOGICAL
ASSISTANCE, AND RECEIVED SUPPORT AND APPROVAL LETTERS FROM THE MOH TO
CONDUCT THIS SURVEY IN UKRAINE (DONETSK AND SLAVYANSK)

TRANSFERRED THE DIC TO THE CENTER FOR WORK WITH CHILDREN AND YOUTH AT
THE PLACE OF RESIDENCE, CHERNIHIV CITY ADMINISTRATION, ON APRIL 1, 2009

PROVIDED PSYCHOLOGICAL, SOCIAL, MEDICAL, AND OTHER SERVICES FOR 303
CHILDREN AND YOUTH, INCLUDING 131 NEW AND RETURNING CLIENTS, AS WELL AS
SUPPORTED THEIR PARENTS OR CAREGIVERS;

303 CHILDREN CONTACTED THE DIC EITHER BY THEMSELVES OR THROUGH THE
PROJECT REFERRAL NETWORK ESTABLISHED BY HEALTHRIGHT. HEALTHRIGHT
ENGAGED AN ADDITIONAL 72 CHILDREN AND YOUTH VIA STREET OUTREACH AND
SUCCEEDED IN BRINGING 60 OF THEM TO THE DIC.

TRANSITIONED 44 PROJECT CLIENTS INTO MORE STABLE LIVING CONDITIONS,
INCLUDING BY HELPING THEM ENTER VOCATIONAL SCHOOLS WHICH ALSO PROVIDE
HOUSING FOR THEIR STUDENTS OR BY IMPROVING THE QUALITY OF CARE THEY
RECEIVE AT HOME

PROVIDED FOLLOW-UP SERVICES SUCH AS PSYCHOSOCIAL SUPPORT, COUNSELING,
AND ESCORT TO STATE MEDICAL FACILITIES TO HIV-POSITIVE SURVEY
PARTICIPANTS IN KYIV (TO 30 YOUTH) AND IN DONETSK (TO 22 YOUTH).

LINKED 11 HIV-POSITIVE CLIENTS IN KYIV AND 10 HIV-POSITIVE CLIENTS IN
DONETSK WITH AIDS CENTER SERVICES SUCH AS CONFIRMATORY HIV TESTING,
FREE MEDICAL SUPPLIES, AND TREATMENT FOR OTHER SEXUALLY TRANSMITTED
DISEASES. TO DATE HEALTHRIGHT HAS LINKED 26 HIV-POSITIVE YOUTH IN KYIV
AND 25 IN DONETSK TO AIDS CENTER SERVICES. AS A RESULT ALL LINKED YOUTH

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WERE REGISTERED IN AIDS CENTERS

OSERVED 40 ESTABLISHED CLIENTS AND IDENTIFIED 47 HIV-POSITIVE, DRUG

USING PREGNANT WOMEN AND NEW MOTHERS WITH A TOTAL OF 49 CHILDREN.

THESE WOMEN WERE PROVIDED WITH SUPPORT SERVICES AND ACCESS TO DRUG

REHABILITATION, CRITICAL TO PREVENTING THE ABANDONMENT OF THEIR

CHILDREN

EXPENSES \$ 491521. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HUMAN RIGHTS CLINIC - USA

PROJECT GOALS

OTO HELP SURVIVORS OF TORTURE AND PERSECUTION GAIN A FAIR HEARING AND

ADJUDICATION OF THEIR CLAIMS FOR IMMIGRATION RELIEF AND TO ENHANCE

THEIR CAPACITY TO PRESENT THEIR CASES FULLY AND EFFECTIVELY.

OTO MOBILIZE THE HEALTH COMMUNITY TO BE AWARE OF, DEFEND AND PROMOTE

THE WELL BEING OF IMMIGRANTS WHO HAVE SURVIVED TORTURE OR OTHER SERIOUS

ABUSE.

ACCOMPLISHMENTS /STATISTICS

ON 2009, HRC CONDUCTED THREE TRAININGS IN THE EASTERN REGION (NEW

YORK), IN APRIL, MAY AND OCTOBER, TRAINING A TOTAL OF 32 PHYSICIANS AND

25 MENTAL HEALTH PROFESSIONALS. OF THOSE TRAINED, 21 PHYSICIANS AND 8

MENTAL HEALTH PROFESSIONALS JOINED THE HRC VOLUNTEER NETWORK. HRC

CONDUCTED THREE TRAININGS IN WESTERN REGION (ONE EACH IN DENVER, THE

BAY AREA, AND PHOENIX), TRAINING 29 PHYSICIANS, 35 MENTAL HEALTH

PROFESSIONALS. OF THOSE TRAINED, HRC INDUCTED 6 PHYSICIANS AND 15

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MENTAL HEALTH PROFESSIONALS. THE NUMBER OF VOLUNTEERS IN AZ MORE THAN
DOUBLED IN 2009.

⊙ IN 2009, HRC PROVIDED 158 PHYSICAL AND 217 PSYCHOLOGICAL EVALUATIONS
(A TOTAL OF 375)

⊙ IN 2009, HRC PROVIDED 432 REFERRALS FOR MENTAL HEALTH, MEDICAL CARE
AND SOCIAL SERVICES

⊙ COMMUNITY RESOURCE GUIDES TO 112 SURVIVORS AND IN-PERSON REFERRAL
CONSULTATION TO 20 SURVIVORS

EXPENSES \$ 319839. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHIAPAS MEXICO PROJECTS - COMMUNICATION, SOCIAL MOBILIZATION, AND
ADVOCACY FOR TB CONTROL AND STRENGTHENING HEALTH SERVICES THROUGH
VOLUNTEERS

EXPENSES \$ 233467. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE FORM 990 IS
INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE AND ADMINISTRATION
DIRECTOR. THE FINANCE COMMITTEE OF THE BOARD HOLDS A MEETING TO REVIEW THE
DRAFT FORM 990 AND SUBMIT TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR
APPROVAL.

THE EXECUTIVE COMMITTEE OF THE BOARD HOLDS A MEETING AND WILL MOTION TO
APPROVE THE FORM 990 PRIOR TO FILING. UPON APPROVAL, ALL BOARD OF DIRECTORS
ARE PROVIDED THE APPROVED COPY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY AND

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ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN PLACE, AND WILL
BE EXPANDED TO COVER THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: FOR THE EXECUTIVE DIRECTOR
COMPENSATION IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE
BOARD. FOR OTHER OFFICERS AND KEY EMPLOYEES, SALARY SURVEYS AS WELL
DISCUSSION WITH THE BOARD CHAIRMAN IS USED TO DETERMINE SALARY RANGES FOR
OFFICERS AND KEY POSITIONS IN THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION CURRENTLY DOES NOT
MAKE THEIR GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC. FINANCIAL
STATEMENTS ARE CURRENTLY AVAILABLE UPON REQUEST. A CONFLICT OF INTEREST
POLICY AND ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN
PLACE, AND WILL BE EXPANDED TO COVER THE BOARD OF DIRECTORS.

PAGE 11, PART X1 OF THE FORM 990 LINE 4C
CHANGE IN THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS
THERE HAS BEEN NO CHANGE FROM PRIOR YEAR.

FORM 990 PART 1, LINE 1

CONTINUATION OF ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES:

4. CARE AND SUPPORT FOR SURVIVORS OF HUMAN RIGHTS VIOLATIONS SUCH AS
TORTURE, TRAFFICKING, AND DOMESTIC AND GENDER-BASED VIOLENCE

SINCE ITS FOUNDING IN 1990 BY THE LATE DR. JONATHAN MANN, HEALTHRIGHT

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HAS WORKED IN OVER 30 COUNTRIES, WITH CURRENT PROJECTS IN ASIA, AFRICA,
EASTERN EUROPE, LATIN AMERICA, AND THE UNITED STATES.

FORM 990 PART 1, LINE 6

VOLUNTEERS

DURING THE YEAR, HEALTHRIGHT HAS 140 VOLUNTEER PHYSICIANS AND MENTAL
HEALTH PROFESSIONALS TO PROVIDE MEDICAL AND PSYCHOLOGICAL EXAMINATIONS
FOR THOSE SEEKING ASYLYM OR IMMIGRATION RELIEF BASED ON EXPERIENCE OF
TORTURE, VIOLENCE AND OTHER ABUSES.

FORM 990 PART III, LINE 1

CONTINUATION OF ORGANIZATION'S MISSION:

3. THE HEALTH AND WELFARE OF ORPHANS AND OTHER AT-RISK CHILDREN AND
YOUTH, WHOSE WELLBEING MAY BE ENDANGERED WHEN THEY LACK SUPPORTIVE
FAMILIES OR SOCIAL NETWORKS

4. CARE AND SUPPORT FOR SURVIVORS OF HUMAN RIGHTS VIOLATIONS SUCH AS
TORTURE, TRAFFICKING, AND DOMESTIC AND GENDER-BASED VIOLENCE
SINCE ITS FOUNDING IN 1990 BY THE LATE DR. JONATHAN MANN, HEALTHRIGHT
HAS WORKED IN OVER 30 COUNTRIES, WITH CURRENT PROJECTS IN ASIA, AFRICA,
EASTERN EUROPE, LATIN AMERICA, AND THE UNITED STATES.

HEALTHRIGHT INTERNATIONAL MOBILIZES THE HEALTH SECTOR TO PROMOTE AND
PROTECT THESE AND OTHER BASIC HUMAN RIGHTS AND CIVIL LIBERTIES FOR ALL
PEOPLE, IN THE UNITED STATES AND ABROAD. IN COLLABORATION WITH A
NETWORK OF AFFILIATES AROUND THE WORLD AND IN PARTNERSHIP WITH LOCAL
COMMUNITIES, WE WORK WHERE HEALTH IS DIMINISHED OR ENDANGERED BY

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Employer identification number

13-3791391

VIOLATIONS OF HUMAN RIGHTS AND CIVIL LIBERTIES.

WE PROVIDE ESSENTIAL CARE AND SERVICES WHILE TRAINING COMMUNITY

RESIDENTS TO CARRY ON THE MISSION OF HEALTH AT THE CONCLUSION OF OUR

EFFORTS.

WE COMBINE THESE SERVICES WITH APPROPRIATE ADVOCACY TO ENSURE MAXIMUM

IMPACT.

TO ACHIEVE OUR GOALS, WE MOBILIZE HEALTH CARE PROFESSIONALS AS

VOLUNTEERS, BRINGING THEIR EXPERTISE AND IDEALISM TO THOSE WHO NEED IT

MOST.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization HEALTHRIGHT INTERNATIONAL, INC.	Employer identification number 13-3791391
	Number, street, and room or suite no. If a P.O. box, see instructions. 80 MAIDEN LANE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

WALTER CORTES

• The books are in the care of **▶ 80 MAIDEN LANE - NEW YORK, NY 10038**

Telephone No. **▶ 212-226-9890**

FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶**

Date **▶**