

Form **990**

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HEALTHRIGHT INTERNATIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 240 GREENE ST 2ND FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003 <b>F Name and address of principal officer:</b> PETER NAVARIO SAME AS C ABOVE	<b>D Employer identification number</b> 13-3791391 <b>E Telephone number</b> 212-226-9890 <b>G Gross receipts \$</b> 1,589,180. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.HEALTHRIGHT.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1993		<b>M State of legal domicile:</b> NY

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR DESCRIPTION OF MOST SIGNIFICANT ACTIVITIES FOR 2014.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	12
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	124
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	1,626,141.	1,567,193.
<b>9</b>	Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	479.	488.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,192.	-9,951.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,596,428.	1,557,730.
<b>Expenses</b>			
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,456.	58,838.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	975,600.	1,039,470.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 109,807.		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	706,294.	628,297.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,731,350.	1,726,605.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-134,922.	-168,875.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	1,170,146.	954,728.
<b>21</b>	Total liabilities (Part X, line 26)	144,460.	169,209.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,025,686.	785,519.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer PETER NAVARIO, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LEONORA GALLEROS, CPA	Preparer's signature _____	Date 11/08/16	Check if self-employed <input type="checkbox"/>	PTIN P00181670
	Firm's name ▶ GALLEROS KOH LLP		Firm's EIN ▶ 27-3263553		
	Firm's address ▶ 115 DAVIS STATION ROAD CREAM RIDGE, NJ 08514		Phone no. 732.462.2020		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HEALTHRIGHT INTERNATIONAL IS A GLOBAL HEALTH AND HUMAN RIGHTS ORGANIZATION WORKING TO BUILD LASTING HEALTH FOR EXCLUDED COMMUNITIES. SEE CONTINUATION ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 480,006. including grants of \$ 3,018.) (Revenue \$ ) UKRAINE

IN 2015, HEALTHRIGHT COMPLETED THE VIOLENCE FREE PROJECT, PROVIDING CARE AND SUPPORT TO WOMEN SURVIVORS OF GENDER-BASED VIOLENCE, AND LAUNCHED AN EXPANSION OF THIS PROGRAM TO TEN NEW REGIONS. IN JUNE, HEALTHRIGHT BEGAN DELIVERING SERVICES TO INTERNALLY DISPLACED PEOPLE LIVING IN CAMPS AND IN THE COMMUNITY. THE STEPS HIV PREVENTION PROGRAM CONTINUED, WITH THE INTERVENTION IMPLEMENTED IN CHILDREN'S PRISONS AND DETENTION CENTERS, AS WELL AS PROBATION DEPARTMENTS, AND GOVERNMENT EMPLOYEES TRAINED AS FACILITATORS. HEALTHRIGHT'S CONTINUUM OF CARE IN KIEV CONTINUED TO SERVE STREET-INVOLVED GIRLS, WITH NEW INTERVENTIONS DESIGNED TO IMPROVE THE HEALTH OF ADOLESCENTS LIVING WITH HIV.

4b (Code: ) (Expenses \$ 475,365. including grants of \$ 8,298.) (Revenue \$ ) KENYA

IN 2015, HEALTHRIGHT KENYA PROGRAMS WORKED TO IMPROVE MATERNAL AND NEONATAL HEALTH OUTCOMES IN MARAKWET EAST AND WEST. TO ACHIEVE THIS AIM, HEALTHRIGHT SUPPORTED NINE RURAL HEALTH FACILITIES, 1,000 COMMUNITY HEALTH WORKERS, AND FIVE LOCAL COMMUNITY HEALTH ORGANIZATIONS. HEALTHRIGHT CONDUCTED 202 MENTORING SESSIONS AT 9 MODEL FACILITIES, AND TRAINED MORE THAN 600 COMMUNITY HEALTH VOLUNTEERS TO PROVIDE EXPANDED FAMILY PLANNING AND MATERNAL AND NEONATAL HEALTH SERVICES DURING THE YEAR.

4c (Code: ) (Expenses \$ 232,666. including grants of \$ ) (Revenue \$ ) HUMAN RIGHTS CLINIC

2015 MARKED THE 22ND YEAR OF THE HUMAN RIGHTS CLINIC (HRC). STARTED IN THE BRONX IN 1993 IN PARTNERSHIP WITH THE NORTH CENTRAL BRONX HOSPITAL AND MONTEFIORE MEDICAL CENTER'S RESIDENCY PROGRAM IN PRIMARY CARE AND SOCIAL INTERNAL MEDICINE, HEALTHRIGHT INTERNATIONAL'S HRC HAS SINCE EXPANDED TO OPERATE IN 12 LOCATIONS AROUND THE COUNTRY: ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, DISTRICT OF COLUMBIA, MAINE, MARYLAND, NEW JERSEY, NEW YORK, PENNSYLVANIA, VIRGINIA AND WASHINGTON STATE. OVER THE PAST 20+ YEARS, THE HRC HAS: A. TRAINED OVER 1,500 PHYSICIANS AND MENTAL HEALTH PROFESSIONALS TO PROVIDE FORENSIC EVALUATIONS AND DOCUMENT SIGNS OF TORTURE IN SURVIVORS

4d Other program services (Describe in Schedule O.) (Expenses \$ 208,473. including grants of \$ 47,522.) (Revenue \$ )

4e Total program service expenses 1,396,510.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> 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> .....	X	
<b>b</b> 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> .....	X	
<b>c</b> 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> .....		X
<b>d</b> 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> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DANETTE O'CONNELL, DIRECTOR OF FINANCE AND ADMINISTRATION - 212-226-9890**  
**240 GREENE ST, NEW YORK, NY 10003**

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) VICTORIA SHARP MD PRESIDENT	3.00	X		X				0.	0.	0.
(2) STEVEN J. BERGER BOARD CHAIRMAN (UNTIL 6/2015)	3.00	X		X				0.	0.	0.
(3) CHARLES FLOE TREASURER	1.00	X		X				0.	0.	0.
(4) ERIC ROSE, MD BOARD MEMBER	1.00	X						0.	0.	0.
(5) JACK A. DEHOVITZ, MD MPH BOARD MEMBER	1.00	X						0.	0.	0.
(6) JAMES FORNARI, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
(7) JANET TOBIAS BOARD MEMBER	1.00	X						0.	0.	0.
(8) MITCHELL KLINE, MD BOARD MEMBER	1.00	X						0.	0.	0.
(9) PETER MAY BOARD MEMBER	1.00	X						0.	0.	0.
(10) RAMONA SUNDERWIRTH, MD MPH BOARD MEMBER	1.00	X						0.	0.	0.
(11) STEPHEN M. SAMMUT BOARD MEMBER	1.00	X						0.	0.	0.
(12) STEVE ELEK III BOARD MEMBER	1.00	X						0.	0.	0.
(13) THOMAS DOUGHERTY BOARD MEMBER	1.00	X						0.	0.	0.
(14) MICHAEL FURTH BOARD MEMBER	1.00	X						0.	0.	0.
(15) CHERYL HEALTON, DRPH BOARD MEMBER	1.00	X						0.	0.	0.
(16) DOUGLAS MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
(17) ASHWIN ROY 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) TRACEY EDWARDS BOARD CHAIRMAN (STARTING 7/2015)	3.00	X						0.	0.	0.
(19) KATSURA KIKUZAWA BOARD MEMBER	1.00	X						0.	0.	0.
(20) ALISA LYCHEVA DIR OF FINANCE AND ADMIN	40.00			X				63,577.	0.	0.
(21) PETER NAVARIO EXECUTIVE DIRECTOR	30.00			X				120,000.	0.	35,400.
<b>1b Sub-total</b> .....								183,577.	0.	35,400.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								183,577.	0.	35,400.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	175,473.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	601,595.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	790,125.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		1,567,193.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		488.			488.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 175,473. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		40,992.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	31,450.			
		<b>c</b> Net income or (loss) from fundraising events .....		9,542.			9,542.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b>	<b>OTHER</b>	900099	7,116.	7,116.			
	<b>b FOREIGN EXCHANGE G/L</b>	900099	-26,609.	-26,609.			
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		-19,493.				
<b>12 Total revenue.</b> See instructions. ....			1,557,730.	-19,493.	0.	10,030.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	58,838.	58,838.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,977.	176,423.	30,473.	12,081.
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	633,599.	494,118.	100,856.	38,625.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,124.	2,553.	387.	184.
9 Other employee benefits	122,563.	100,175.	15,160.	7,228.
10 Payroll taxes	61,207.	45,702.	10,499.	5,006.
11 Fees for services (non-employees):				
a Management				
b Legal	168.		168.	
c Accounting	41,341.	35,260.	4,002.	2,079.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	207,162.	143,107.	29,714.	34,341.
12 Advertising and promotion				
13 Office expenses	61,206.	42,931.	14,965.	3,310.
14 Information technology	5,273.	4,765.	112.	396.
15 Royalties				
16 Occupancy	34,623.	32,878.	1,510.	235.
17 Travel	77,728.	75,393.	2,061.	274.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,941.	7,754.	125.	62.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	21,735.	20,751.	657.	327.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TRAINING AND WORKSHOPS</b>	109,471.	109,471.	0.	0.
b <b>PROGRAM MATERIALS AND SUPPLIES</b>	19,737.	13,650.	5,628.	459.
c <b>FURNITURE AND EQUIPMENT</b>	19,058.	14,033.	589.	4,436.
d <b>FEES</b>	17,038.	14,633.	1,734.	671.
e All other expenses	5,816.	4,075.	1,648.	93.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,726,605.	1,396,510.	220,288.	109,807.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	102,758.	<b>1</b>	300,256.
	<b>2</b> Savings and temporary cash investments .....	640,473.	<b>2</b>	330,947.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	129,461.	<b>4</b>	103,510.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	21,327.	<b>9</b>	17,512.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,105.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,105.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	273,795.	<b>12</b>	202,503.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,170,146.	<b>16</b>	954,728.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	63,454.	<b>17</b>	59,283.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	18,506.	<b>19</b>	109,926.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	37,500.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	25,000.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	144,460.	<b>26</b>	169,209.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	189,187.	<b>27</b>	28,555.
	<b>28</b> Temporarily restricted net assets .....	836,499.	<b>28</b>	756,964.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,025,686.	<b>33</b>	785,519.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,170,146.	<b>34</b>	954,728.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,557,730.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,726,605.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-168,875.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,025,686.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-71,292.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	785,519.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	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?		X
<b>b</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		

Form 990 (2015)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)
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 X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4511081.	3341757.	1958646.	1626141.	1567193.	13004818.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4511081.	3341757.	1958646.	1626141.	1567193.	13004818.
<b>5</b> 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) .....						1779434.
<b>6 Public support.</b> Subtract line 5 from line 4.						11225384.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	4511081.	3341757.	1958646.	1626141.	1567193.	13004818.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	575.	739.	533.	479.	488.	2,814.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	27,345.	13,078.	15,408.	1,936.	7,116.	64,883.
<b>11 Total support.</b> Add lines 7 through 10						13072515.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	85.87 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	90.12 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

(The area below the text contains multiple horizontal lines for providing supplemental information.)

Schedule A Identification of Excess Contributions Included on Part II, Line 5

2015

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Table with 3 columns: Contributor's Name, Total Contributions, and Excess Contributions. Includes entries for JOHNSON AND JOHNSON and ELTON JOHN AIDS FDN, and a total at the bottom.

Total Excess Contributions to Schedule A, Part II, Line 5 .....

1,779,434.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>HEALTHRIGHT INTERNATIONAL, INC.</b>	Employer identification number <b>13-3791391</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES AGENCY FOR INT'L DEV'T - USAID  1300 PENNSYLVANIA VANUE NW  WASHINGTON, DC 20523-0001	\$ 442,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ADMINISTRATION FOR CHILDREN AND FAMILIES OFFICE OF REFUGEE RESETTLEMENT 901D STREET, SW  WASHINGTON, DC 20447	\$ 159,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOHNSON AND JOHNSON FOUNDATION  1 JOHNSON AND JOHNSON PLAZA  NEW BRUNSWICK, NJ 08933	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HEALTHRIGHT INTERNATIONAL, INC.</b>	Employer identification number  <b>13-3791391</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>HEALTHRIGHT INTERNATIONAL, INC.</b>	Employer identification number <b>13-3791391</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 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, and not on a historic structure listed in the National Register .....	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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 XIII.

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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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				
d Equipment		8,105.	8,105.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) INVESTMENT IN UFPH	202,503.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	202,503.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	2,185,631.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	276,550.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	351,351.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	627,901.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,557,730.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,557,730.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	2,425,798.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	276,550.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	422,643.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	699,193.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,726,605.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,726,605.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE ORGANIZATION IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2012. CURRENTLY, THERE ARE NO AUDITS IN PROGRESS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

UFPH REVENUE

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

UFPH EXPENSES

OTHER ADJUST. ON SCH. D, PART XI LINE 2D & PART XII LINE 2D

OTHER REVENUE ADJUSTMENT ON SCHEDULE D, PART XIII LINE 2E PERTAIN TO UFPH REVENUE FOR 2014. OTHER EXPENSE ADJUSTMENT ON SCHEDULE D, PART XIII LINE 2D PERTAIN TO UFPH EXPENSES FOR 2014.

UFPH (UKRAINIAN FOUNDATION FOR PUBLIC HEALTH), A NONPROFIT ORGANIZED IN UKRAINE, IS A WHOLLY-OWNED SUBSIDIARY OF HEALTHRIGHT INTERNATIONAL.

REVENUE AND EXPENSES OF UFPH ARE EXCLUDED FROM HEALTHRIGHT INTERNATIONAL'S FORM 990 BECAUSE UFPH IS NOT A DISREGARDED ENTITY.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>HEALTHRIGHT INTERNATIONAL, INC.</b>	Employer identification number <b>13-3791391</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
SUB SAHARAN AFRICA	1	18	PROGRAM SERVICES	MATERNAL HEALTH ;LISTTOTAL 38424	469,867.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	CHILD HEALTH ;LISTTOTAL 67778	46,410.
SOUTH ASIA	1	4	PROGRAM SERVICES	HIV & MATERNAL HEALTH ;LISTTOTAL 378971	114,541.
RUSSIA AND NEIGHBORING STATES	1	95		HIV	476,988.
SUB SAHARAN AFRICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,616.
SOUTH ASIA			GRANTS TO RECIPIENTS LOCATED IN THE REGION		35,499.
EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN THE REGION		12,023.
RUSSIA AND NEIGHBORING STATES			GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,018.
<b>3 a</b> Sub-total .....	3	118			1,161,962.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	3	118			1,161,962.

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

Schedule F (Form 990) 2015

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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)
		SUB SAHARAN AFRICA	SEE PART V FOR PURPOSE OF GRANT	8,298.	WIRE TRANSFERS	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	SEE PART V FOR PURPOSE OF GRANT	12,023.	WIRE TRANSFERS	0.	N/A	N/A
		SOUTH ASIA	SEE PART V FOR PURPOSE OF GRANT	35,499.	WIRE TRANSFERS	0.	N/A	N/A
		RUSSIA AND NEIGHBORING STATES	SEE PART V FOR PURPOSE OF GRANT	3,018.	WIRE TRANSFERS	0.	N/A	N/A

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" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2

ON A MONTHLY BASIS SUB-GRANTEE IS REQUIRED TO SUBMIT DETAILED EXPENSE REPORTS AND BANK STATEMETNS TO HRI PROGRAM DIRECTOR AND FINANCE DEPARTMENT. THE REPORTS AND STATEMENTS ARE CAREFULLY REVIEWED AND ANY QUESTIONS ON THE REPORTS ARE SENT BACK TO THE SUB-GRANTEE. REPORTS ARE THEN FINALIZED, APPROVED AND RECORDED IN THE HRI ACCOUNTING SOFTWARE AND FILED APPROPRIATELY.

PART I, LINE 3

HEALTHRIGHT USES ACCRUAL METHOD OF ACCOUNTING FOR EXPENDITURES.

PART II, COL D

SUB-SAHARAN AFRICA - THE PMNH PROJECT'S GOAL IS TO CONTRIBUTE TO THE REDUCTION OF NEONATAL AND MATERNAL MORBIDITY AND MORTALITY IN THE NORTHERN RIFT VALLEY.

SOUTH ASIA - THE PMNH PROJECT'S GOAL IS TO CONTRIBUTE TO THE REDUCTION OF NEONATAL AND MATERNAL MORBIDITY AND MORTALITY IN THE KAPILVASTU AND ARGHAKHACHI DISTRICTS OF NEPAL BY INCREASING AND SUSTAINING AWARENESS, UTILIZATION AND QUALITY OF FACILITY - AND COMMUNITY-BASED MNC SRVICES.

EAST ASIA - VIETNAM'S GRANT EXPENSES

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**▶ Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

**HEALTHRIGHT INTERNATIONAL, INC.**

Employer identification number

**13-3791391**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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))	
		GALA (event type)	CRAFT (event type)	2 (total number)		
Revenue	1	Gross receipts	193,335.	15,050.	8,080.	216,465.
	2	Less: Contributions	152,343.	15,050.	8,080.	175,473.
	3	Gross income (line 1 minus line 2)	40,992.			40,992.
Direct Expenses	4	Cash prizes	0.	0.	0.	
	5	Noncash prizes	1,331.	0.	0.	1,331.
	6	Rent/facility costs		3,801.	500.	4,301.
	7	Food and beverages	5,337.			5,337.
	8	Entertainment				
	9	Other direct expenses	18,390.	68.	2,023.	20,481.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				31,450.
11	Net income summary. Subtract line 10 from line 3, column (d)				9,542.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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?  Yes  No
- 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?  Yes  No
- 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 ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HEALTHRIGHT INTERNATIONAL, INC.**

Employer identification number

**13-3791391**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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) |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER NAVARIO EXECUTIVE DIRECTOR	(i)	120,000.	0.	0.	0.	35,400.	155,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information input.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

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

SEEKING ASYLUM AND OTHER PROTECTIONS IN THE U.S.

B. PROVIDED MORE THAN 5,500 PRO BONO FORENSIC EVALUATIONS TO OVER 4,800  
SURVIVORS OF TORTURE AND OTHER GROSS HUMAN RIGHTS ABUSES FROM 130  
COUNTRIES

C. CONNECTED HUNDREDS OF HRC CLIENTS TO NEEDED MEDICAL, PSYCHOLOGICAL,  
SOCIAL AND OTHER SERVICES THROUGHOUT THE U.S.

HEALTHRIGHT INTERNATIONAL PROVIDES FORENSIC EVALUATIONS TO  
APPROXIMATELY 400 SURVIVORS PER YEAR, RELYING ON HRC-TRAINED VOLUNTEERS  
AROUND THE COUNTRY. APPROXIMATELY 90% OF ALL HRC CLIENTS ARE GRANTED  
ASYLUM OR OTHER IMMIGRATION RELIEF, AND A THIRD OF ALL CLIENTS ACCESS  
FOLLOW-UP COMPREHENSIVE REMOTE CASE MANAGEMENT SERVICES THROUGH THE  
ACCESS TO SUPPORT AND SERVICES FOR SURVIVORS OF TORTURE (ASSIST)  
PROGRAM. ASSIST SERVES AS A BRIDGE BETWEEN CLIENTS, LEGAL  
REPRESENTATIVES, HRC VOLUNTEER CLINICIANS AND COMMUNITY RESOURCES IN  
ALL 12 HRC SITES. ASSIST HELPS CLIENTS OVERCOME THE LASTING EFFECTS OF  
TORTURE AND THE DAILY CHALLENGES OF RESETTLEMENT SO THEY CAN BEGIN  
HEALTHY, HOPEFUL NEW LIVES IN THE U.S.

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

NEPAL 2014

HEALTHRIGHT BEGAN IMPLEMENTING THE WHO FUNDED MATERNAL AND NEONATAL  
NEAR MISS REVIEW IMPLEMENTATION RESEARCH STUDY IN JUNE. THE GOAL OF  
THIS STUDY IS EXPLORE HOW DISTRICT-WIDE MATERNAL AND NEONATAL NEAR MISS  
REVIEWS CAN BE IMPLEMENTED AND SCALED-UP THROUGH THE EXISTING HEALTH  
SYSTEM IN NEPAL. TO ACHIEVE THIS GOAL, THE STUDY ASSESSED THE PROCESS

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

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

OF IMPLEMENTING DISTRICT-WIDE MATERNAL AND NEONATAL NEAR MISS REVIEWS

(MNNR), INCLUDING IDENTIFYING BARRIERS AND ENABLING FACTORS THAT

INFLUENCE EFFECTIVE IMPLEMENTATION AND THE POTENTIAL FOR SCALE-UP.

HEALTHRIGHT COMPLETED THE BASELINE ASSESSMENT, WHICH SHOWED THAT THE

NUMBER OF OBSTETRIC COMPLICATIONS REFERRED OUT WAS SIGNIFICANTLY HIGHER

THAN THE NUMBER OF OBSTETRIC COMPLICATIONS MANAGED IN THE HEALTH

FACILITIES.

VIETNAM 2014

HEALTHRIGHT CONTINUED TO BUILD THE CAPACITY OF ITS LOCAL PARTNER, THE

RESEARCH AND TRAINING CENTER FOR COMMUNITY (RTCCD), TO DEVELOP AN

EFFECTIVE NATION-WIDE RESPONSE TO THE URGENT NEED TO STRENGTHEN CHILD

PROTECTION SYSTEMS AT NATIONAL AND SUB-NATIONAL LEVELS. THE SOCIAL WORK

PROFESSIONAL DEVELOPMENT CENTRE (SWPDC) WAS ESTABLISHED IN HANOI,

PROVIDING A TRAINING VENUE FOR UP TO 30 PARTICIPANTS AT A TIME. A TEAM

OF PROFESSIONAL TRAINERS WAS FORMED AND COMPREHENSIVELY TRAINED IN

DELIVERING PRE- AND IN-SERVICE TRAINING PROGRAMS THROUGHOUT VIETNAM.

SWPDC CONDUCTED 11 TRAINING COURSES, COMPRISING OF 49 DIVERSE SESSIONS,

IN 6 PROVINCES FOR MORE THAN 585 SOCIAL WORKERS AND PARA-SOCIAL WORKERS

EMPLOYED BY GOVERNMENT AND NON-GOVERNMENT AGENCIES, AS WELL AS

STUDENTS. FOUR STUDENTS COMPLETED A 12 WEEK SOCIAL WORK PLACEMENT AT

SWPDC.

EXPENSES \$ 208,473. INCLUDING GRANTS OF \$ 47,522. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT OF THE FORM 990 IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR

AND CFO. 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

Name of the organization HEALTHRIGHT INTERNATIONAL, INC.	Employer identification number 13-3791391
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## 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 IN ELECTRONIC FORMAT AND HARD COPY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY EACH EMPLOYEE SIGNS A CONFLICT OF INTEREST STATEMENT WHICH AFFIRMS THAT THE EMPLOYEE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. IN ADDITION, EACH EMPLOYEE SHALL DISCLOSE ON THE ANNUAL STATEMENT ANY RELATIONSHIPS, CIRCUMSTANCES OR POSITIONS IN WHICH THE EMPLOYEE OR A FAMILY MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING.

AN INTERESTED PERSON MUST DISCLOSE, TO THE BEST OF THEIR KNOWLEDGE, EITHER ORALLY OR IN WRITING, ALL MATERIAL FACTS RELATED TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THESE DISCLOSURES SHALL BE PROVIDED TO THE CHIEF FINANCIAL OFFICER (CFO) OF HEALTHRIGHT, WHO SHALL PROVIDE ALL SUCH DISCLOSURES TO HEALTHRIGHT'S EXECUTIVE FINANCE COMMITTEE (THE "COMMITTEE"). BETWEEN MEETINGS OF THE COMMITTEE, THE CFO CAN GRANT AN INTERIM WAIVER OF THE CONFLICT OF INTEREST. THE INTERESTED PERSON SHALL REFRAIN FROM ANY ACTION THAT MIGHT AFFECT HEALTHRIGHT'S PARTICIPATION IN ANY CONTRACT OR TRANSACTION AFFECTED BY A CONFLICT OF INTEREST UNTIL THAT CONFLICT OF INTEREST IS WAIVED BY THE COMMITTEE OR AN INTERIM WAIVER IS GRANTED. AFTER DISCLOSURE OF THE CONFLICT OF INTEREST AND ALL MATERIAL FACTS AND AFTER THE INTERESTED PERSON RESPONDS TO ANY QUESTIONS THAT THE COMMITTEE MAY HAVE REGARDING THE CONFLICT OF INTEREST, THE INTERESTED PERSON PRESENT AT THE

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

MEETING SHALL LEAVE THE MEETING WHILE THE CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON IN ACCORDANCE WITH THE PROCEDURES SET FORTH BELOW.

THE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE MEMBERS WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO, WHETHER TO WAIVE THE CONFLICT AND/OR RATIFY ANY WAIVER MADE BY THE CFO, AND/OR WHETHER HEALTHRIGHT SHOULD NONETHELESS ENTER INTO THE CONTRACT OR TRANSACTION BECAUSE IT IS IN HEALTHRIGHT'S BEST INTEREST, AS APPLICABLE. THE MINUTES OF THE COMMITTEE MEETING SHALL REFLECT (A) THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND (B) THE COMMITTEE'S DECISION REGARDING THE CONFLICT OF INTEREST, INCLUDING A STATEMENT THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION AND VOTE.

A CONFLICT OF INTEREST POLICY AND ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN PLACE, AND HAS BEEN EXPANDED TO COVER THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR, OFFICERS AND KEY POSITION COMPENSATION IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. SALARY SURVEYS AS WELL AS DISCUSSION WITH THE BOARD CHAIRMAN ARE USED TO DETERMINE THE SALARY RANGES OF EXECUTIVE DIRECTOR, OFFICERS AND KEY POSITIONS IN THE ORGANIZATION. THE USE OF COMPARABLE DATA OR FUNCTIONALLY COMPARABLE POSITION IS ALSO USED TO DETERMINE COMPENSATION. CONTEMPORANEOUS DOCUMENTATION IS RETAINED IN DECISIONS REGARDING THE COMPENSATION AGREEMENT. THIS PROCESS WAS LAST CONDUCTED FOR THE EXECUTIVE DIRECTOR IN MARCH 2014 WHEN THE EXECUTIVE DIRECTOR WAS HIRED AND IN 2011 FOR ALL OTHER OFFICERS.

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

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 AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. A CONFLICT OF INTEREST POLICY AND ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN PLACE AND HAS BEEN EXPANDED TO COVER THE BOARD OF DIRECTORS AND OFFICERS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	143,107.
MANAGEMENT AND GENERAL EXPENSES	29,714.
FUNDRAISING EXPENSES	34,341.
TOTAL EXPENSES	207,162.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	207,162.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY OF NET GAIN OF UKRAINIAN FOUNDATION FOR PUBLIC

HEALTH -71,292.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990 PART I, LINE 1

U.S.A.

2014 MARKED THE 21ST YEAR OF THE HUMAN RIGHTS CLINIC (HRC). STARTED IN

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

THE BRONX IN 1993 IN PARTNERSHIP WITH THE NORTH CENTRAL BRONX HOSPITAL AND MONTEFIORE MEDICAL CENTER'S RESIDENCY PROGRAM IN PRIMARY CARE AND SOCIAL INTERNAL MEDICINE, HEALTHRIGHT INTERNATIONAL'S HRC HAS SINCE EXPANDED TO OPERATE IN 12 LOCATIONS AROUND THE COUNTRY: ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, DISTRICT OF COLUMBIA, MAINE, MARYLAND, NEW JERSEY, NEW YORK, PENNSYLVANIA, VIRGINIA AND WASHINGTON STATE. OVER THE PAST 20+ YEARS, THE HRC HAS:

A. TRAINED OVER 1,500 PHYSICIANS AND MENTAL HEALTH PROFESSIONALS TO PROVIDE FORENSIC EVALUATIONS AND DOCUMENT SIGNS OF TORTURE IN SURVIVORS SEEKING ASYLUM AND OTHER PROTECTIONS IN THE U.S.

B. PROVIDED MORE THAN 5,500 PRO BONO FORENSIC EVALUATIONS TO OVER 4,800 SURVIVORS OF TORTURE AND OTHER GROSS HUMAN RIGHTS ABUSES FROM 130 COUNTRIES

C. CONNECTED HUNDREDS OF HRC CLIENTS TO NEEDED MEDICAL, PSYCHOLOGICAL, SOCIAL AND OTHER SERVICES THROUGHOUT THE U.S.

HEALTHRIGHT INTERNATIONAL PROVIDES FORENSIC EVALUATIONS TO APPROXIMATELY 400 SURVIVORS PER YEAR, RELYING ON HRC-TRAINED VOLUNTEERS AROUND THE COUNTRY. APPROXIMATELY 90% OF ALL HRC CLIENTS ARE GRANTED ASYLUM OR OTHER IMMIGRATION RELIEF, AND A THIRD OF ALL CLIENTS ACCESS FOLLOW-UP COMPREHENSIVE REMOTE CASE MANAGEMENT SERVICES THROUGH THE ACCESS TO SUPPORT AND SERVICES FOR SURVIVORS OF TORTURE (ASSIST) PROGRAM. ASSIST SERVES AS A BRIDGE BETWEEN CLIENTS, LEGAL REPRESENTATIVES, HRC VOLUNTEER CLINICIANS AND COMMUNITY RESOURCES IN ALL 12 HRC SITES. ASSIST HELPS CLIENTS OVERCOME THE LASTING EFFECTS OF TORTURE AND THE DAILY CHALLENGES OF RESETTLEMENT SO THEY CAN BEGIN HEALTHY, HOPEFUL NEW LIVES IN THE U.S.

KENYA



Name of the organization HEALTHRIGHT INTERNATIONAL, INC.	Employer identification number 13-3791391
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IN 2014, HEALTHRIGHT KENYA PROGRAMS WORKED TO IMPROVE MATERNAL AND NEONATAL HEALTH OUTCOMES IN MARAKWET EAST AND WEST. TO ACHIEVE THIS AIM, HEALTHRIGHT SUPPORTED NINE RURAL HEALTH FACILITIES, 1,000 COMMUNITY HEALTH WORKERS, AND FIVE LOCAL COMMUNITY HEALTH ORGANIZATIONS. THROUGHOUT THE YEAR, HEALTHRIGHT TRAINED 1,968 HEALTH CARE WORKERS AND COMMUNITY PARTNERS ON A VARIETY OF TOPICS INCLUDING RESPECTFUL MATERNITY CARE, FAMILY PLANNING, THE KENYA ESSENTIAL COMMUNITY HEALTH PACKAGE, MATERNAL AND NEONATAL HEALTH BASICS, AND SOCIAL BEHAVIOR CHANGE STRATEGIES. IN ADDITION, EACH OF THE NINE PARTNER FACILITIES RECEIVED FUNDING TO RENOVATE THEIR MATERNITY WARDS IN 2014. AND COMMUNITY PARTNERS ORGANIZED 554 EDUCATIONAL EVENTS THAT REACHED 22,564 PEOPLE WITH EDUCATIONAL HEALTH MESSAGES FOR MOTHERS AND BABIES. HEALTHRIGHT SUPPORTED FACILITIES TO ORGANIZE MOBILE OUTREACH CLINICS IN REMOTE VILLAGES THAT SERVED NEARLY 15,000 PEOPLE WITH PRIMARY HEALTH CARE INCLUDING IMMUNIZATIONS, FAMILY PLANNING, AND TREATMENT FOR MALARIA, DIARRHEA, AND PNEUMONIA.

#### UKRAINE

HEALTHRIGHT COMPLETED THE VIOLENCE FREE PROJECT, PROVIDING CARE AND SUPPORT TO WOMEN SURVIVORS OF GENDER-BASED VIOLENCE, AND LAUNCHED AN EXPANSION OF THIS PROGRAM TO TEN NEW REGIONS. IN JUNE, HEALTHRIGHT BEGAN DELIVERING SERVICES TO INTERNALLY DISPLACED PEOPLE LIVING IN CAMPS AND IN THE COMMUNITY. THE STEPS HIV PREVENTION PROGRAM CONTINUED, WITH THE INTERVENTION IMPLEMENTED IN CHILDREN'S PRISONS AND DETENTION CENTERS, AS WELL AS PROBATION DEPARTMENTS, AND GOVERNMENT EMPLOYEES TRAINED AS FACILITATORS. HEALTHRIGHT'S CONTINUUM OF CARE IN KIEV

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

CONTINUED TO SERVE STREET-INVOLVED GIRLS, WITH NEW INTERVENTIONS

DESIGNED TO IMPROVE THE HEALTH OF ADOLESCENTS LIVING WITH HIV.

NEPAL

HEALTHRIGHT BEGAN IMPLEMENTING THE WHO FUNDED MATERNAL AND NEONATAL NEAR MISS REVIEW IMPLEMENTATION RESEARCH STUDY IN JUNE. THE GOAL OF THIS STUDY IS EXPLORE HOW DISTRICT-WIDE MATERNAL AND NEONATAL NEAR MISS REVIEWS CAN BE IMPLEMENTED AND SCALED-UP THROUGH THE EXISTING HEALTH SYSTEM IN NEPAL. TO ACHIEVE THIS GOAL, THE STUDY ASSESSED THE PROCESS OF IMPLEMENTING DISTRICT-WIDE MATERNAL AND NEONATAL NEAR MISS REVIEWS (MNNR), INCLUDING IDENTIFYING BARRIERS AND ENABLING FACTORS THAT INFLUENCE EFFECTIVE IMPLEMENTATION AND THE POTENTIAL FOR SCALE-UP. HEALTHRIGHT COMPLETED THE BASELINE ASSESSMENT, WHICH SHOWED THAT THE NUMBER OF OBSTETRIC COMPLICATIONS REFERRED OUT WAS SIGNIFICANTLY HIGHER THAN THE NUMBER OF OBSTETRIC COMPLICATIONS MANAGED IN THE HEALTH FACILITIES.

VIETNAM

HEALTHRIGHT CONTINUED TO BUILD THE CAPACITY OF ITS LOCAL PARTNER, THE RESEARCH AND TRAINING CENTER FOR COMMUNITY (RTCCD), TO DEVELOP AN EFFECTIVE NATION-WIDE RESPONSE TO THE URGENT NEED TO STRENGTHEN CHILD PROTECTION SYSTEMS AT NATIONAL AND SUB-NATIONAL LEVELS. THE SOCIAL WORK PROFESSIONAL DEVELOPMENT CENTRE (SWPDC) WAS ESTABLISHED IN HANOI, PROVIDING A TRAINING VENUE FOR UP TO 30 PARTICIPANTS AT A TIME. A TEAM OF PROFESSIONAL TRAINERS WAS FORMED AND COMPREHENSIVELY TRAINED IN DELIVERING PRE- AND IN-SERVICE TRAINING PROGRAMS THROUGHOUT VIETNAM.

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC.

Employer identification number

13-3791391

SWPDC CONDUCTED 11 TRAINING COURSES, COMPRISING OF 49 DIVERSE SESSIONS, IN 6 PROVINCES FOR MORE THAN 585 SOCIAL WORKERS AND PARA-SOCIAL WORKERS EMPLOYED BY GOVERNMENT AND NON-GOVERNMENT AGENCIES, AS WELL AS STUDENTS. FOUR STUDENTS COMPLETED A 12 WEEK SOCIAL WORK PLACEMENT AT SWPDC.

FORM 990 PART III, LINE 1

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 A 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: - HIV/AIDS, TB AND MALARIA, INCLUDING THE RIGHTS OF PEOPLE LIVING WITH THESE DISEASES TO CARE, AND PROTECTION FROM STIGMA AND DISCRIMINATION - 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 - 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 - 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,

Name of the organization HEALTHRIGHT INTERNATIONAL, INC.	Employer identification number 13-3791391
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AFRICA, EASTERN EUROPE, AND THE UNITED STATES. THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH. THE RIGHT TO EQUALITY BEFORE THE LAW. THE RIGHT TO BE FREE FROM TORTURE.

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 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.

FORM 990 PART I, LINE 6

DURING THE YEAR, HEALTHRIGHT HAS 151 VOLUNTEER PHYSICIAN AND MENTAL HEALTH PROFESSIONALS TO PROVIDE MEDICAL AND PSYCHOLOGICAL EXAMINATIONS FOR THOSE SEEKING ASYLUM OR IMMIGRATION RELIEF BASED ON EXPERIENCE OF TORTURE, VIOLENCE AND OTHER ABUSES. THERE WERE ALSO 17 VOLUNTEER MEMBERS OF THE HEALTHRIGHT'S GOVERNING BOARD AS OF DECEMBER 31, 2014 WHO CONTRIBUTED THEIR TIME TO SERVING THE ORGANIZATION.

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

(Rev. December 2015)  
Department of the Treasury  
Internal Revenue Service

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1**, 2015, and ending **DEC 31**, 2015

Attachment  
Sequence No. **121**

Name of person filing this return  <b>HEALTHRIGHT INTERNATIONAL, INC.</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>240 GREENE ST, NO. 2ND FL</b> City or town, state, and ZIP code <b>NEW YORK, NY 10003</b> Filer's tax year beginning <b>JAN 1</b> , 2015, and ending <b>DEC 31</b> , 2015	<b>A Identifying number</b>  <b>13-3791391</b>  <b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>  <b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %  <b>D</b> Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/> <b>E</b> Person(s) on whose behalf this information return is filed:
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(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation <b>UKRAINIAN FOUNDATION FOR PUBLIC HEALTH</b> <b>119B AVENUE NAUKY</b> <b>KYIV</b> <b>UKRAINE</b>	<b>b(1)</b> Employer identification number, if any <b>00000000</b>  <b>b(2)</b> Reference ID number (see instructions) <b>35910485</b>  <b>c</b> Country under whose laws incorporated
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<b>d</b> Date of incorporation	<b>e</b> Principal place of business	<b>f</b> Principal business activity code number	<b>g</b> Principal business activity	<b>h</b> Functional currency
04/23/08	KYIV, UKRAINE	624100	SOCIAL ASSISTANCE	

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States <b>HEALTHRIGHT INTERNATIONAL, INC.</b> <b>240 GREENE ST</b> <b>NEW YORK NY 10003</b> <b>13-3791391</b>	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i)</b> Taxable income or (loss)</td> <td style="width:50%;"><b>(ii)</b> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)		
<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)				
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation  <b>UKRAINIAN FOUNDATION FOR PUBLIC HEA</b> <b>119B AVENUE NAUKY</b> <b>KVIV UKARAIN</b> <b>UKRAINE</b>	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100	0



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	90,311.	64,518.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement)		
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement)		
8a	Buildings and other depreciable assets	192,812.	192,812.
b	Less accumulated depreciation	( 9,328.)	( 12,211.)
9a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement)		
13	Total assets	273,795.	245,119.
<b>Liabilities and Shareholders' Equity</b>			
14	Accounts payable		
15	Other current liabilities (attach statement)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 3		42,616.
18	Capital stock:		
a	Preferred stock		
b	Common stock		
19	Paid-in or capital surplus (attach reconciliation)		
20	Retained earnings	273,795.	202,503.
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	273,795.	245,119.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account .....	1	-1,368,919.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	<b>Net Additions</b>	<b>Net Subtractions</b>
a Capital gains or losses .....		
b Depreciation and amortization .....		
c Depletion .....		
d Investment or incentive allowance .....		
e Charges to statutory reserves .....		
f Inventory adjustments .....		
g Taxes .....		
h Other (attach statement) .....		
3 Total net additions .....		
4 Total net subtractions .....		
5a Current earnings and profits (line 1 plus line 3 minus line 4) .....	5a	-1,368,919.
b DASTM gain or (loss) for foreign corporations that use DASTM .....	5b	
c Combine lines 5a and 5b .....	5c	-1,368,919.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) .....	5d	

Enter exchange rate used for line 5d ▶

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
1 Subpart F income (line 38b, Worksheet A in the instructions) .....	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) .....	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) .....	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) .....	4
5 Factoring income .....	5
6 Total of lines 1 through 5. Enter here and on your income tax return .....	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) .....	7
8 Exchange gain or (loss) on a distribution of previously taxed income .....	8

• Was any income of the foreign corporation blocked? .....	Yes	No
• Did any such income become unblocked during the tax year (see section 964(b))? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.



FORM 5471	OTHER INCOME	STATEMENT	1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
GRANTS AND CONTRIBUTIONS	6,910,108.		351,351.
TOTAL TO 5471, SCHEDULE C, LINE 8	6,910,108.		351,351.

FORM 5471	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PROGRAM CONSULTANTS	520,258.		26,453.
PROFESSIONAL FEES	783,012.		39,813.
OCCUPANCY	176,769.		8,988.
MATERIALS AND SUPPLIES	218,070.		11,088.
FURNITURE AND EQUIPMENT	273,847.		13,924.
TRAVEL	48,283.		2,455.
TELEPHONE	1,455.		74.
TRAINING AND WORKSHOPS	1,575,052.		80,085.
SUBCONTRACT GRANT EXPENSE	804,214.		40,891.
FEES AND OTHER CHARGES	22,460.		1,142.
RECRUITING	322,209.		16,383.
MEALS AND REFRESHMENTS	2,006.		102.
DONATION	30,189.		1,535.
OTHER	1,439,485.		73,192.
DEPRECIATION	102,565.		5,215.
TOTAL TO 5471, SCHEDULE C, LINE 16	6,319,874.		321,340.

FORM 5471	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
DEFERRED REVENUE		42,616.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17		42,616.	

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 Identifying number

**HEALTHRIGHT INTERNATIONAL, INC.**

**13-3791391**

Name of foreign corporation EIN (if any) Reference ID number

**UKRAINIAN FOUNDATION FOR PUBLIC HEALTH**

**000000000**

**35910485**

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
<b>1</b> Balance at beginning of year	<b>4,247,809.</b>					<b>4,247,809.</b>
<b>2a</b> Current year E&P						
<b>b</b> Current year deficit in E&P	<b>1,368,919.</b>					
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	<b>2,878,890.</b>					
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year						
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P						
<b>b</b> Actual distributions of nonpreviously taxed E&P						
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	<b>2,878,890.</b>					
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	<b>2,878,890.</b>					<b>2,878,890.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation  
and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>HEALTHRIGHT INTERNATIONAL, INC.</b>	Identifying number <b>13-3791391</b>
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Name of foreign corporation <b>UKRAINIAN FOUNDATION FOR PUBLIC H</b>	EIN (if any) <b>000000000</b>	Reference ID number <b>35910485</b>
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**Important:** Complete a *separate* Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade .....					
3 Sales of property rights (patents, trademarks, etc.) .....					
4 Platform contribution transaction payments received .....					
5 Cost sharing transaction payments received .....					
6 Compensation received for technical, managerial, engineering, construction, or like services .....					
7 Commissions received .....					
8 Rents, royalties, and license fees received .....					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) .....					
10 Interest received .....					
11 Premiums received for insurance or reinsurance .....					
12 Add lines 1 through 11 .....					
13 Purchases of stock in trade (inventory) .....					
14 Purchases of tangible property other than stock in trade .....					
15 Purchases of property rights (patents, trademarks, etc.) .....					
16 Platform contribution transaction payments paid .....					
17 Cost sharing transaction payments paid .....					
18 Compensation paid for technical, managerial, engineering, construction, or like services .....					
19 Commissions paid .....					
20 Rents, royalties, and license fees paid .....					
21 Dividends paid .....					
22 Interest paid .....					
23 Premiums paid for insurance or reinsurance .....					
24 Add lines 13 through 23 .....					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr. ....					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr. ....					

• 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).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>HEALTHRIGHT INTERNATIONAL, INC.</b>	Employer identification number (EIN) or <b>13-3791391</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>240 GREENE ST, NO. 2ND FL</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10003</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**DANETTE O'CONNELL, DIRECTOR OF FINANCE AND ADMINISTRATION**

- The books are in the care of  **240 GREENE ST - NEW YORK, NY 10003**  
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, 2016**.

**5** For calendar year **2015**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 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  
**ADDITIONAL TIME IS NEEDED TO GATHER REQUIRED INFORMATION TO PREPARE COMPLETE AND ACCURATE RETURNS.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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