

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

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

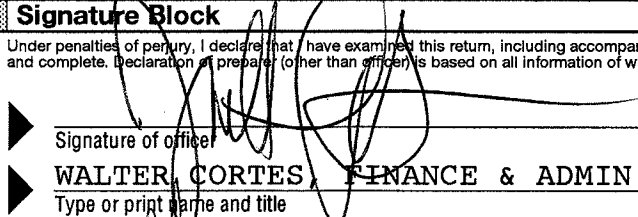
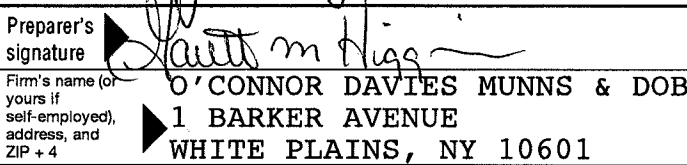
**A For the 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. <b>C Name of organization</b> HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., INC.	<b>D Employer identification number</b> 13-3791391
	Doing Business As	<b>E Telephone number</b> 212-226-9890
	See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 80 MAIDEN LANE	<b>G Gross receipts \$</b> 5,272,568.
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10038	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F Name and address of principal officer:</b> SAME AS C ABOVE		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.DOWUSA.ORG		
<b>K Type 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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HEALTHRIGHT INTERNATIONAL (FORMERLY DOCTORS OF THE WORLD - USA FROM 1990-2009) IS A GLOBAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of employees (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,230,375.	5,087,780.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,742.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	343,635.	46,499.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,574,010.	5,160,021.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,397,606.	2,622,421.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 284,341.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,591,589.	2,373,581.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,989,195.	4,996,002.	
19 Revenue less expenses. Subtract line 18 from line 12	-415,185.	164,019.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 2,175,131.	End of Year 2,455,489.
	21 Total liabilities (Part X, line 26)	110,425.	226,764.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,064,706.	2,228,725.

**Part II Signature Block**

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

Sign Here	Signature of officer 	Date 11/16/09
	WALTER CORTES, FINANCE & ADMIN DIR/TREASURER Type or print name and title	
Paid Preparer's Use Only	Preparer's signature 	Date 11-16-09
	Firm's name (or yours if self-employed), address, and ZIP + 4 O'CONNOR DAVIES MUNNS & DOBBINS LLP 1 BARKER AVENUE WHITE PLAINS, NY 10601	
Check if self-employed <input type="checkbox"/>		Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 914-421-5600

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

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:  
HEALTHRIGHT INTERNATIONAL (FORMERLY DOCTORS OF THE WORLD - USA FROM  
1990-2009) IS A GLOBAL HEALTH AND HUMAN RIGHTS ORGANIZATION WORKING TO  
BUILD LASTING ACCESS TO HEALTH FOR EXCLUDED COMMUNITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 221,282. including grants of \$ ) (Revenue \$ )  
HUMAN RIGHTS CLINIC, USA - TRAIN, PLACE AND SUPPORT VOLUNTEER  
PHYSICIANS 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

**4b** (Code: ) (Expenses \$ 1,723,230. including grants of \$ ) (Revenue \$ )  
RUSSIA - BUILT TECHNICAL CAPACITY AND PROVIDE ACCESSIBLE AND QUALITY  
MEDICAL, PSYCHOLOGICAL, SOCIAL AND FOSTER CARE SERVICES TO AT-RISK,  
HOMELESS AND STREET - INVOLVED CHILDREN AND YOUTH IN ST PETERSBURG, AS  
WELL AS COMPREHENSIVE PSYCHOLOGICAL SERVICES TO HIV - POSITIVE MOTHERS  
AND THEIR CHILDREN

**4c** (Code: ) (Expenses \$ 1,200,212. including grants of \$ ) (Revenue \$ )  
KENYA- REACH THE SOCIALLY, ECONOMICALLY, AND GEOGRAPHICALLY ISOLATED  
COMMUNITIES OF WEST POKOT AND OTHER RURAL COMMUNITIES IN KENYA,  
RESPONDING TO THREE AREAS OF CRITICAL MATERNAL AND NEONATAL HEALTH

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 1,250,689. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► \$ 4,395,413. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

**HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.**

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>
<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> .....	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<b>X</b>
<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> .....	<b>32</b>	<b>X</b>
<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> .....	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35</b>	<b>X</b>
<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> .....	<b>36</b>	<b>X</b>
<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> .....	<b>37</b>	<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

			Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable .....	<b>1a</b>	0		
	<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....			X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	<b>2a</b>	28		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....			X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)				
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....				X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....				
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....			X	
<b>b</b> If "Yes," enter the name of the foreign country: ► <u>KENYA, RUSSIA, UKRAINE</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....				X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....				X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....				
<b>6a</b> Did the organization solicit any contributions that were not tax deductible? .....				X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....			X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....			X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....				X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>			
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....				X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....				X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....				X
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....				X
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....				
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the organization make any taxable distributions under section 4966? .....				
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....				
<b>10 Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>				
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b> .....	<b>12b</b>			

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<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? .....		<b>X</b>
<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? .....		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		<b>X</b>
<b>6</b>	Does the organization have members or stockholders? .....		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>X</b>	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		<b>X</b>
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	<b>X</b>	
<b>11</b>	Is there any officer, director or 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 .....		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy? .....	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	<b>X</b>	
<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>15a</b>	The organization's CEO, Executive Director, or top management official? .....	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization? .....	<b>X</b>	
<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? .....		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

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

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

**HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JASON W. REDLUS BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM H. ROEDY BOARD MEMBER	1.00	X					0.	0.	0.	
ALLAN ROSENFELD, MD BOARD MEMBER	1.00	X					0.	0.	0.	
STEPHEN M. SAMMUT BOARD MEMBER	1.00	X					0.	0.	0.	
JACK SLONAKER BOARD MEMBER	1.00	X					0.	0.	0.	
SUE L. STEINBERG BOARD MEMBER	1.00	X					0.	0.	0.	
RAMONA SUNDERWIRTH, MD M BOARD MEMBER	1.00	X					0.	0.	0.	
JANET TOBIAS BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS DOUGHERTY EXECUTIVE DIRECTOR	40.00			X			170,000.	0.	11,120.	
WALTER CORTES FINANCE AND ADMIN DIRECT	40.00			X			105,500.	0.	1,251.	
<b>1b Total</b>							<b>400,308.</b>	<b>0.</b>	<b>17,371.</b>	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **3**

	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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **0**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**



**HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.**

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<b>Part VIII Statement of Revenue</b>						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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> 283,125.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 1410631.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 3394024.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	49,788.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 5,087,780.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	Business Code			
		<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) .....	▶	25,742.		25,742.	
	<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 \$ 283,125. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 112,547.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 112,547.			
		<b>c</b> Net income or (loss) from fundraising events .....	▶			
	<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		Business Code				
<b>11 a</b> OTHER INCOME	900099	46,499.		46,499.		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶	46,499.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....	▶	5,160,021.	0.	0.	72,241.	

**HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.**

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	400,308.	320,712.	42,104.	37,492.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,664,993.	1,333,930.	175,122.	155,941.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	35,840.	29,748.	3,602.	2,490.
9 Other employee benefits .....	298,023.	247,361.	29,955.	20,707.
10 Payroll taxes .....	223,257.	185,305.	22,440.	15,512.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	64,508.		64,508.	
c Accounting .....	45,100.	39,636.	3,031.	2,433.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	982,027.	963,375.	6,885.	11,767.
12 Advertising and promotion .....				
13 Office expenses .....	239,897.	218,461.	7,510.	13,926.
14 Information technology .....	15,741.	15,082.	363.	296.
15 Royalties .....				
16 Occupancy .....	291,917.	267,536.	12,838.	11,543.
17 Travel .....	252,647.	251,005.	1,604.	38.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....	4,384.	3,818.	298.	268.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	25,311.	22,039.	1,723.	1,549.
23 Insurance .....	17,238.	13,417.	3,741.	80.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>SUBCONTRACT GRANT EXPEN</b> .....	492,177.	492,177.	0.	0.
b <b>TRAINING AND WORKSHOPS</b> .....	247,125.	247,125.		
c <b>FURNITURE AND EQUIPMENT</b> .....	155,839.	150,924.	1,098.	3,817.
d <b>VEHICLE RENTAL/MAINTENA</b> .....	71,026.	71,026.	0.	0.
e <b>FEES, CHARGES AND TAXES</b> .....	20,546.	19,361.	638.	547.
f All other expenses .....	-551,902.	-496,625.	-61,212.	5,935.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	4,996,002.	4,395,413.	316,248.	284,341.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,510,342.	<b>1</b>	1,651,339.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	402,778.	<b>4</b>	545,719.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<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 .....	35,908.	<b>9</b>	47,973.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	206,172.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	54,470.	<b>10c</b>	151,702.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	58,756.	<b>12</b>	58,756.
	<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) .....	2,175,131.	<b>16</b>	2,455,489.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,366.	<b>17</b>	139,693.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	37,927.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	43,059.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	0.	<b>25</b>	49,144.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	110,425.	<b>26</b>	226,764.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, 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 .....	906,100.	<b>27</b>	1,366,008.
	<b>28</b> Temporarily restricted net assets .....	1,158,606.	<b>28</b>	862,717.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, 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 .....	2,064,706.	<b>33</b>	2,228,725.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,175,131.	<b>34</b>	2,455,489.	

**Part XI Financial Statements and Reporting**

	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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to lines 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? .....	<b>2c</b>	<b>X</b>
<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? .....	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....	<b>3b</b>	<b>X</b>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2411052.	4123887.	4765905.	4230375.	4804655.	20335874.
<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 - 3 .....	2411052.	4123887.	4765905.	4230375.	4804655.	20335874.
<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) .....						4981223.
<b>6 Public Support.</b> Subtract line 5 from line 4.						15354651.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	2411052.	4123887.	4765905.	4230375.	4804655.	20335874.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	9,144.	47,999.	35,912.		25,742.	118,797.
<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 IV.) .....				45,364.	46,498.	91,862.
<b>11 Total support.</b> Add lines 7 through 10						20546533.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,149,386.
<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 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	74.73 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	99.55 %
<b>16a 33 1/3% support test - 2008.</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 - 2007.</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 - 2008.</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 IV 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 - 2007.</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 IV 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.) .....						
<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 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, SECTION A, LINE 10 - EXPLANATION:

OTHER INCOME: 2007 \$45,364

2008 46,498

TOTAL \$91,862

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

**Name of the organization**

HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



Name of organization HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., INC.	Employer identification number 13-3791391
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED STATES AGENCY FOR INT'L DEVELOPMENT - USAID  1300 PENNSYLVANIA AVE NW  WASHINGTON, DC 20523-0001	\$ 760,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FAMILY HEALTH INTERNATIONAL  CDN PLAZA, 2ND FL, MOI ROAD  NAKURU, KENYA	\$ 259,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PACT VIETNAM  37A XUAN DIEU, TAY HO  HANOI, VIETNAM	\$ 145,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WORLD LEARNING FOR INTERNATIONAL DEVELOPMENT  1015 15TH STREET NW STE 750  WASHINGTON, DC 20005	\$ 159,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OAK FOUNDATION  22 UPPER BROOK ST, 4TH FL  LONDON, W1K7PZ UNITED KINGDOM	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MAC AIDS FUND  130 PRINCE STREET 4TH FL  NEW YORK, NY 10012	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., INC.	<b>Employer identification number</b> 13-3791391
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JOHNSON & JOHNSON <hr/> 1 JOHNSON & JOHNSON PLAZA <hr/> NEW BRUNSWICK, NJ 08933	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	WORLD CHILDHOOD FOUNDATION <hr/> PO BOX 19084 <hr/> STOCKHOLM, SWEDEN 10432	\$ 724,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ESTATE OF ROBERT C. MITCHELL <hr/> 8635 RESERVIOR ROAD <hr/> FULTON, MD 20759	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** **HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., INC.** **Employer identification number** **13-3791391**

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

**2** Complete lines 2a-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 Year
<b>a</b> Total number of conservation easements .....	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements .....	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06 .....	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? .....

Yes  No

**6** Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

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

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

- 1a** If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i)** Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a** Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		110,315.	24,932.	85,383.
<b>d</b> Equipment .....		50,726.	19,128.	31,598.
<b>e</b> Other .....		45,131.	10,410.	34,721.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				151,702.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,160,021.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,996,002.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	164,019.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	164,019.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,806,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	646,803.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	646,803.
3	Subtract line 2e from line 1	3	5,160,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,160,021.

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

1	Total expenses and losses per audited financial statements	1	5,642,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	646,803.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	646,803.
3	Subtract line 2e from line 1	3	4,996,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,996,002.

**Part XIV Supplemental Information**

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

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**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	71	PROGRAM SERVICES	HIV	2,167,349.
SUB SAHARAN AFRICA	1	37	PROGRAM SERVICES	HIV/MATERNAL CARE	1,200,212.
NORTH AMERICA	1	5	PROGRAM SERVICES	TB CONTROL	308,136.
EAST ASIA AND THE PACIFIC	1	7	PROGRAM SERVICES	HIV ORPHANS	325,172.
SOUTH ASIA	1	2	PROGRAM SERVICES	GENDER VIOLENCE	161,542.
EUROPE	0	0	PROGRAM SERVICES	ASSESSMENTS	11,720.
<b>Totals</b> .....	6	122			4,174,131.

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

Schedule F (Form 990) 2008









HEALTHRIGHT INTERNATIONAL, INC. FORMERLY

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		AWARDS DINNER (event type)	GOLF EVENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	297,297.	98,375.		395,672.
	2	Less: Charitable contributions	235,072.	48,053.		283,125.
	3	Gross revenue (line 1 minus line 2)	62,225.	50,322.		112,547.
Direct Expenses	4	Cash prizes		10,000.		10,000.
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	62,225.	40,322.		102,547.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 112,547. )
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

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

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

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

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<b>13a</b>	%	
<b>b</b> An outside facility .....	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....			
<b>15a</b>			
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
<b>c</b> If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....			
<b>17a</b>			
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., 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 in 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 line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

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

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

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

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

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

	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

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

Schedule J (Form 990) 2008

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS DOUGHERTY	(i)	170,000.	0.	0.	5,000.	6,120.	181,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.**

Employer identification number  
**13-3791391**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	49,788	CLOSING PRICE ON THE D
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) 2008



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.

Employer identification number

13-3791391

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

HEALTH AND HUMAN RIGHTS ORGANIZATION WORKING TO BUILD LASTING ACCESS TO  
HEALTH FOR EXCLUDED COMMUNITIES.

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

UKRAINE PROJECT - CARE AND SUPPORT FOR STREET AND AT-RISK CHILDREN AND  
YOUTH; MAMA+ PROJECT BUILDING ACESS TO A CONTINUUM OF HEALTH AND SOCIAL  
SERVICES FOR HIV-POSITIVE WOMEN IN UKRAINE.

EXPENSES \$ 444119. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

KOSOVO/ROMANIA AND OTHER PROJECTS

EXPENSES \$ 11720. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPENSES \$ 308136. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VIETNAM - PROMOTING COMMUNITY SUPPORT TO ORPHANS AND VULNERABLE  
CHILDREN AFFECTED BY HIV/AIDS

EXPENSES \$ 325172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEPAL - CARE AND SUPPORT FOR SURVIVORS OF TRAFFICKING AND GENDER-BASED  
VIOLENCE

EXPENSES \$ 161542. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

HEALTHRIGHT INTERNATIONAL, INC. FORMERLY  
DOCTORS OF THE WORLD U.S.A., INC.

Employer identification number  
13-3791391

FORM 990, PART VI, SECTION A, LINE 4: IN 2008, DOCTORS OF THE WORLD-USA CHANGED ITS NAME TO HEALTHRIGHT INTERNATIONAL, INC. THE NEW NAME WAS CHOSEN TO MORE ACCURATELY COMMUNICATE THE MISSION AND ACTIVITIES OF THE ORGANIZATION, FOUNDED IN 1990 BY PIONEERING PHYSICIAN AND HUMAN RIGHTS ADVOCATE DR. JONATHAN MANN.

FORM 990, PART VI, SECTION A, LINE 10: THE DRAFT OF THE FORM 990 IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE AND ADMINISTRATION DIRECTOR. THE FINANCE COMMITTEE OF THE BOARD HOLDS A MEETING TO REVIEW THE DRAFT FORM 990 AND SUBMIT TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL.

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

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY AND ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN PLACE, AND WILL BE EXPANDED TO COVER THE BOARD OF DIRECTORS.

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization	HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., INC.	Employer identification number 13-3791391
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FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION CURRENTLY DOES NOT MAKE THEIR GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC. FINANCIAL STATEMENTS ARE CURRENTLY AVAILABLE UPON REQUEST. A CONFLICT OF INTEREST POLICY AND ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN PLACE, AND WILL BE EXPANDED TO COVER THE BOARD OF DIRECTORS.

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



• 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).

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

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

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

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

**WALTER CORTES**

• The books are in the care of  **80 MAIDEN LANE - NEW YORK, NY 10038**  
 Telephone No.  **212-226-9890**      FAX No.

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

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

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.

**5** For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

**7** State in detail why you need the extension  
**ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

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

**Signature and Verification**

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

Signature  Title  Date