Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **and ending**

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

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
80 MAIDEN LANE

City or town, state or country, and ZIP + 4
NEW YORK, NY 10038

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

D Employer identification number
13-3791391

E Telephone number
212-226-9890

G Gross receipts $ 4,698,780.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HEALTHRIGHT.ORG

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE PAGE 36 OF TAX RETURN ON SCHEDULE O FOR DESCRIPTION OF MOST SIGNIFICANT ACTIVITIES FOR 2010.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	192
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,107,678.	4,649,616.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,241.	275.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-50,721.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,116,919.	4,599,170.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	423,654.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,748,257.	2,751,587.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 360,190.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,394,150.	1,862,684.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,142,407.	5,037,925.
19	Revenue less expenses. Subtract line 18 from line 12	-1,025,488.	-438,755.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,388,645.	1,261,076.
21	Total liabilities (Part X, line 26)	185,408.	496,594.
22	Net assets or fund balances. Subtract line 21 from line 20	1,203,237.	764,482.

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 11/14/11

▶ THOMAS DOUGHERTY, INTERIM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GARRETT M. HIGGINS	Preparer's signature: Garrett M. Higgins CPA	Date: 11-11-11	Check ☐ if self-employed	PTIN
Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS LLP			Firm's EIN ▶	
Firm's address ▶ 500 MAMARONECK AVENUE - SUITE 301 HARRISON, NY 10528-1633			Phone no. 914-381-8900	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 ACCESS TO HEALTH FOR EXCLUDED COMMUNITIES. SEE CONTINUATION ON PAGE 37 OF 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
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 X 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 $ 1,299,245. including grants of $ 423,654.) (Revenue $)
RUSSIA

PROJECT GOALS:
O PREVENT HOMELESSNESS AND INSTITUTIONALIZATION OF AT-RISK CHILDREN AND ADOLESCENTS TO KEEP CHILDREN BORN TO HIV-POSITIVE MOTHERS WITHIN THE BIRTH FAMILY ENVIRONMENT WHEN POSSIBLE AND PROVIDE COMPREHENSIVE SUPPORT TO HIV-POSITIVE MOTHERS AND THEIR FAMILIES
O RESTORE FAMILY SUPPORT TO STREET CHILDREN, ADOLESCENTS, AND THOSE IN INSTITUTIONS.
O ENHANCE THE PHYSICAL AND MENTAL HEALTH AND LIFE SKILLS OF AT-RISK CHILDREN AND ADOLESCENTS
O TO PREVENT HIV TRANSMISSION AMONG STREET CHILDREN AND YOUTH IN ST.

4b (Code:) (Expenses $ 1,445,876. including grants of $) (Revenue $)
KENYA PROGRAMS

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

4c (Code:) (Expenses $ 791,517. including grants of $) (Revenue $)
NEPAL, VIETNAM AND OTHER PROGRAMS

PROGRAM GOALS
O IN NEPAL, HEALTHRIGHT SEEKS TO IMPROVE ACCESS TO RIGHTS-BASED HEALTH SERVICES, INCLUDING PSYCHOSOCIAL CARE AND PEER SUPPORT, FOR SURVIVORS OF TRAFFICKING AND OTHER ABUSES AND TRAUMA
O THE PMNH PROJECT'S GOAL IS TO CONTRIBUTE TO THE REDUCTION OF NEONATAL AND MATERNAL MORBIDITY AND MORTALITY IN KAPILVASTU AND ARGHAKHACHI DISTRICTS OF NEPAL BY INCREASING AND SUSTAINING AWARENESS, UTILIZATION AND QUALITY OF FACILITY- AND COMMUNITY-BASED MNC SERVICES
ACCOMPLISHMENTS/STATISTICS
PERIOD: JANUARY- MARCH 2010

4d Other program services. (Describe in Schedule O.)
(Expenses $ 872,709. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 4,409,347.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V X

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-*file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY, OR, SC

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: ▶

RACHEL MADENYIKA, VP FINANCE AND ADMINISTRATION - 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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICTORIA SHARP, MD PRESIDENT	3.00	X		X				0.	0.	0.
STEVEN J. BERGER BOARD MEMBER	3.00	X						0.	0.	0.
TERRY J. BLUMER BOARD MEMBER	3.00	X						0.	0.	0.
TOM COLICCHIO BOARD MEMBER	1.00	X						0.	0.	0.
GARY L. DAMKOEHLER BOARD MEMBER	1.00	X						0.	0.	0.
JACK A. DEHOVITZ, MD MPH BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY P. FLANIGAN, MD BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES P. FLOE TREASURER	1.00	X		X				0.	0.	0.
ARTHUR FRIED BOARD MEMBER	1.00	X						0.	0.	0.
MITCHELL A. KLINE, MD BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH LERER BOARD MEMBER	1.00	X						0.	0.	0.
CONSTANCE MARGOLIN, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
MOHSIN Y. MEGHJI BOARD MEMBER	1.00	X						0.	0.	0.
HOWARD MINKOFF, MD BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. ROEDY BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN M. SAMMUT BOARD MEMBER	1.00	X						0.	0.	0.
RAMONA SUNDERWIRTH, MD MPH 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANET TOBIAS BOARD MEMBER	1.00	X						0.	0.	0.
REGAN BACKER (STARTED JUNE 2010) BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY CROWHURST(STARTED JUNE 2010) BOARD MEMBER	1.00	X						0.	0.	0.
STEVE ELEK III (STARTED JUNE 2010) BOARD MEMBER	1.00	X						0.	0.	0.
JAMES FORNARI ESQ.(STARTED JUNE 2010 BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL P. KESSLER (STARTED NOV 2010 BOARD MEMBER	1.00	X						0.	0.	0.
PETER MAY (STARTED JUNE 2010) BOARD MEMBER	1.00	X						0.	0.	0.
ERIC ROSE (STARTED NOV 2010) BOARD MEMBER	1.00	X						0.	0.	0.
GAIL CASSELL, PHD (STARTED NOV 2010) BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								559,351.	0.	107,331.
d Total (add lines 1b and 1c) ▶								559,351.	0.	107,331.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

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

(A) Name and business address	(B) Description of services	(C) Compensation
EMPIRE HEALTH CHOICE, INC. P.O BOX 11744 , NEWARK, NJ 07101	HEALTH INSURANCE	104,446.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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			
WALTER CORTES VP FIN&ADMIN UNTIL NOV 2010	40.00			X				104,990.	0.	23,098.
JULIE BECKER VP OF PROGRAMS	40.00			X				101,337.	0.	22,294.
JOHN LINDER VP OF DEVELOPMENT	40.00			X				94,437.	0.	20,776.
RACHEL MADENYIKA (NEW) VP FIN & ADMIN - BEGAN DEC 2010	40.00			X				72,241.	0.	15,893.
VANDANA TRIPATHI (LEFT IN OCT 2010) VP PROGRAMS	40.00			X				29,089.	0.	6,399.
MILA ROSENTHAL EXECUTIVE DIRECTOR	40.00				X			157,257.	0.	18,871.
Total to Part VII, Section A, line 1c								559,351.		107,331.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	256,082.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,193,962.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,199,572.			
	g Noncash contributions included in lines 1a-1f: $		394,055.			
	h **Total.** Add lines 1a-1f		4,649,616.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		275.			275.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 256,082. of contributions reported on line 1c). See Part IV, line 18	a	42,803.			
	b Less: direct expenses	b	99,610.			
	c Net income or (loss) from fundraising events		-56,807.			-56,807.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a EARNED INCOME	900099	4,310.			4,310.
	b REIMBURSEMENT	900099	1,776.			1,776.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		6,086.			
	12 **Total revenue.** See instructions.		4,599,170.	0.	0.	-50,446.

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	423,654.	423,654.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	666,682.	525,135.	60,505.	81,042.
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	1,675,428.	1,330,253.	142,798.	202,377.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,848.	4,848.		
9 Other employee benefits	171,430.	150,774.	14,081.	6,575.
10 Payroll taxes	233,199.	184,880.	26,534.	21,785.
11 Fees for services (non-employees):				
a Management				
b Legal	912.		912.	
c Accounting	48,054.	42,750.	1,742.	3,562.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	157,748.	153,818.	143.	3,787.
12 Advertising and promotion				
13 Office expenses	238,291.	222,363.	2,755.	13,173.
14 Information technology	16,717.	15,777.	362.	578.
15 Royalties				
16 Occupancy	296,165.	268,082.	11,991.	16,092.
17 Travel	269,919.	269,304.	292.	323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,325.	25,905.	1,887.	2,533.
23 Insurance	19,778.	18,054.	736.	988.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DONATED MEDICAL SUPPLIE	394,055.	394,055.	0.	0.
b TRAINING AND WORKSHOPS	233,052.	232,521.	0.	531.
c FURNITURE AND EQUIPMENT	75,595.	69,515.	2,198.	3,882.
d WRITEDOWN OF ASSETS AND	65,782.	62,720.	946.	2,116.
e MEALS AND REFRESHMENTS	9,688.	9,298.	359.	31.
f All other expenses	6,603.	5,641.	147.	815.
25 **Total functional expenses.** Add lines 1 through 24f	5,037,925.	4,409,347.	268,388.	360,190.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		123,893.	1	174,919.
	2	Savings and temporary cash investments		164,485.	2	609,572.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		851,496.	4	277,751.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		43,951.	9	23,524.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 230,994.			
	b	Less: accumulated depreciation	10b 114,440.	146,064.	10c	116,554.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		58,756.	15	58,756.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,388,645.	16	1,261,076.
Liabilities	17	Accounts payable and accrued expenses		99,025.	17	81,185.
	18	Grants payable			18	
	19	Deferred revenue		37,239.	19	415,409.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		49,144.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		185,408.	26	496,594.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		656,222.	27	140,445.
	28	Temporarily restricted net assets		547,015.	28	624,037.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,203,237.	33	764,482.
	34	Total liabilities and net assets/fund balances		1,388,645.	34	1,261,076.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,599,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,037,925.
3	Revenue less expenses. Subtract line 2 from line 1	3	-438,755.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,203,237.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	764,482.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4765905.	4230375.	5087780.	4107678.	4653966.	22845704.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4765905.	4230375.	5087780.	4107678.	4653966.	22845704.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4920674.
6 **Public support.** Subtract line 5 from line 4.						17925030.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4765905.	4230375.	5087780.	4107678.	4653966.	22845704.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,912.	26,778.	25,742.	9,241.	275.	97,948.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	17,604.	18,586.	46,499.		6,086.	88,775.
11 **Total support.** Add lines 7 through 10						23032427.

12 Gross receipts from related activities, etc. (see instructions) ▶ 12 1,099,477.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 77.83 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 75.75 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PAGE 2, SECTION B, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME OF HEALTHRIGHT INTERNATIONAL ARE INCOME THAT COMES FROM ANYTHING OTHER THAN ORDINARY OPERATIONS. OTHER INCOME INCLUDES ITEMS SUCH AS CURRENCY EXCHANGE RATE GAINS ON FOREIGN BANK ACCOUNTS, EARNED INCOME AND OTHER NONRECURRING MISCELLANEOUS INCOME.

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2010

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

Contributor's Name	Total Contributions	Excess Contributions
OAK FOUNDATION	765,000.	304,351.
MAC AIDS FUND	857,677.	397,028.
WORLD CHILDHOOD FOUNDATION	3,268,891.	2,808,242.
FOUNDATION OPEN SOCIETY INSTITUTE	525,000.	64,351.
JOHNSON & JOHNSON	1,268,000.	807,351.
ESTATE OF ROBERT MITCHELLE	1,000,000.	539,351.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 4,920,674.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Employer identification number
13-3791391

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHNSON & JOHNSON 1 JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	OPEN SOCIETY INSTITUTE 400 WEST, 59TH STREET NEW YORK, NY 10019	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	PACT VIETNAM 37A XUAN DIEU, TAY HO HANOI, VIETNAM	$ 209,384.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	UNITED STATES AGENCY FOR INT'L DEVELOPMENT - USAID 1300 PENNSYLVANIA AVE NW WASHINGTON, DC 20523-0001	$ 1,725,477.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	WORLD CHILDHOOD FOUNDATION PO BOX 19084 STOCKHOLM, SWEDEN	$ 537,136.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	ELTON JOHN AIDS FOUNDATION 1 BLYTHE ROAD LONDON, UNITED KINGDOM	$ 201,943.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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

Employer identification number
13-3791391

Part II **Noncash Property** (see instructions)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		110,315.	46,994.	63,321.
d Equipment		75,548.	48,010.	27,538.
e Other		45,131.	19,436.	25,695.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				116,554.

Schedule D (Form 990) 2010

032052
12-20-10

Part VII Investments - Other Securities. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,599,170.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,037,925.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-438,755.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-438,755.

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	5,112,060.
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	512,890.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	512,890.
3	Subtract line **2e** from line **1**			3	4,599,170.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,599,170.

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

1	Total expenses and losses per audited financial statements			1	5,550,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	512,890.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	512,890.
3	Subtract line **2e** from line **1**			3	5,037,925.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,037,925.

Part XIV Supplemental Information

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

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.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2010

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 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? ..... [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds 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
RUSSIA AND THE NEWLY INDEPENDENT STATES	2	66	PROGRAM SERVICES/GRANTS	HIV	1,901,963.
SUB SAHARAN AFRICA	1	22	PROGRAM SERVICES	MALARIA PREVENTION/MATERNAL CARE	1,051,821.
EAST ASIA AND THE PACIFIC	1	11	PROGRAM SERVICES	HIV ORPHANS	427,105.
SOUTH ASIA	1	11	PROGRAM SERVICES	MATERNAL CARE	364,412.
3 a Sub-total	5	110			3,745,301.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	5	110			3,745,301.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2010**

032071
12-20-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐

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)
		RUSSIA AND NEWLY INDEPENDENT STATES	REFER TO SCHEDULE F, PART V, PAGE 5	423,654.	WIRE TRANSFERS	0.		

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 ▶ 1

3 Enter total number of other organizations or entities ▶ 0

Schedule F (Form 990) 2010

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part 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 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)*	☐ 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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 3: HEALTHRIGHT USES ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR EXPENDITURES.

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART II, LINE 1D

THE FOLLOWING LISTS THE PURPOSE OF THE GRANT:

1. PREVENT HOMELESSNESS AND INSTITUTIONALIZE AT-RISK CHILDREN AND ADOLESCENTS IN ST. PETERSBURG AND OTHER REGIONS OF THE RUSSIAN FEDERATION

2. RESTORE FAMILY CARE FOR CHILDREN WHO LOST PARENTAL SUPPORT

3. PREVENT HIV INFECTION AND ASSIST CHILDREN AND THEIR FAMILIES AFFECTED BY HIV.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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? Yes	(iii) No	(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
Total ▶						

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" to 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 AWARDS DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	298,885.			298,885.
	2 Less: Charitable contributions	256,082.			256,082.
	3 Gross income (line 1 minus line 2)	42,803.			42,803.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	62,365.			62,365.
	7 Food and beverages				
	8 Entertainment	497.			497.
	9 Other direct expenses	36,748.			36,748.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(99,610.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-56,807.

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

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

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? ☐ 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 operate 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 operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

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 Questions Regarding Compensation

		Yes	No
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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 **1b**		
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? **2**		
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. ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	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) and 501(c)(4) organizations must complete lines 5-9.		
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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MILA ROSENTHAL	(i)	157,257.	0.	0.	0.	18,871.	176,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

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 Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
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	X	1	394,055.	DONATED VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

				Yes	No
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 Acknowledgement	29	0		
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?	30a			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?	31			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2010 Open to Public Inspection

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

FORM 990 PART 1, LINE 1

CONTINUATION OF ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES:

HEALTHRIGHT INTERNATIONAL IS A GLOBAL HEALTH AND HUMAN RIGHTS ORGANIZATION WORKING TO BUILD LASTING ACCESS TO HEALTH FOR EXCLUDED COMMUNITIES. WE WORK CLOSELY WITH COMMUNITIES AND ESTABLISH LOCAL PARTNERSHIPS TO DELIVER HEALTH SERVICES. AT THE SAME TIME, WE PROVIDE TRAINING AND EQUIPMENT AND IMPROVE SYSTEMS TO ENABLE OUR PARTNERS TO DELIVER SERVICES ON THEIR OWN. OUR GOAL IS TO CREATE LASTING CHANGE THAT SUPPORTS ACCESS TO HEALTH WHILE STRENGTHENING HUMAN RIGHTS. OUR PROJECTS ADDRESS HEALTH AND SOCIAL CRISES MADE WORSE BY HUMAN RIGHTS VIOLATIONS, WITH A PARTICULAR FOCUS AND EXPERTISE ON:

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

2.WOMEN'S HEALTH, INCLUDING WOMEN'S RIGHT TO INFORMATION AND EQUAL ACCESS TO PROTECTION AND QUALITY CARE, INCLUDING SAFE AND EFFECTIVE MATERNAL AND NEONATAL CARE.

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

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

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

Employer identification number 13-3791391

SINCE ITS FOUNDING IN 1990 BY THE LATE DR. JONATHAN MANN, HEALTHRIGHT HAS WORKED IN OVER 30 COUNTRIES, WITH CURRENT PROJECTS IN ASIA, AFRICA, EASTERN EUROPE, LATIN AMERICA, AND THE UNITED STATES.

FORM 990 PART III, LINE 1

CONTINUATION OF ORGANIZATION'S MISSION:

WE WORK CLOSELY WITH COMMUNITIES AND ESTABLISH LOCAL PARTNERSHIPS TO DELIVER HEALTH SERVICES. AT THE SAME TIME, WE PROVIDE TRAINING AND EQUIPMENT AND IMPROVE SYSTEMS TO ENABLE OUR PARTNERS TO DELIVER SERVICES ON THEIR OWN. OUR GOAL IS TO CREATE LASTING CHANGE THAT SUPPORTS ACCESS TO HEALTH WHILE STRENGTHENING HUMAN RIGHTS.

OUR PROJECTS ADDRESS HEALTH AND SOCIAL CRISES MADE WORSE BY HUMAN RIGHTS VIOLATIONS, WITH A PARTICULAR FOCUS AND EXPERTISE ON:

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, AFRICA,

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

Employer identification number 13-3791391

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PETERSBURG, RUSSIA AND FACILITATE ACCESS TO CARE, TREATMENT, AND SUPPORT FOR THOSE LIVING WITH HIV.

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

Employer identification number 13-3791391

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

O PROVISION OF TRAINING FOR SOCIAL WORKERS IN ST. PETERSBURG

ACCOMPLISHMENTS/STATISTICS

PERIOD: JANUARY- MARCH 2010

O TRAINED 98 YOUTH IN HEALTHRIGHT'S STEPS HIV-PREVENTION PROGRAM. THESE INCLUDED CLIENTS OF BOTH DROP-IN CENTERS, BOTH HALFWAY HOUSES FOR AT-RISK YOUTH, STREET OUTREACH, AND 11 PARTICIPANTS AT PARTNER SITES, INCLUDING THE NEVSKY CSAFC CRISIS SHELTER FOR AT-RISK YOUTH AND THE NEVSKY DISTRICT CORRECTIONAL INSPECTION. IN ADDITION, NINE STREET YOUTH PARTICIPATED IN THREE MODIFIED STEPS WORKSHOPS CONDUCTED IN THE MOBILE OUTREACH VAN.

O SERVED 143 HIV+ WOMEN AT THE MAMA+ CENTER, HALFWAY HOUSE, AND THROUGH HOME VISITS, ESCORT TO REFERRAL AGENCIES AND PHONE CALLS;

O MAMA+ PEER VOLUNTEERS DEVOTED 485 HOURS TO SUPPORTING HIV+ MOTHERS, THEIR CHILDREN AND FAMILIES, PROVIDING CONSULTATIONS TO NEWLY ENROLLED MAMA+ CLIENTS, AND SHARING THEIR EXPERIENCE AND KNOWLEDGE;

O TRAINED 17 INDIVIDUALS (TEN FAMILIES) AT THE SCHOOL FOR FOSTER PARENTS; FIVE CHILDREN WERE PLACED INTO LONG-TERM FOSTER FAMILIES;

PERIOD: APRIL - SEPTEMBER 2010

O TRAINED 198 SOCIAL SERVICES STAFF FROM 14 ADMINISTRATIVE DISTRICTS OF ST. PETERSBURG IN DIFFERENT ASPECTS OF SOCIAL WORK AT HEALTHRIGHT'S SOCIAL SERVICES TRAINING CENTER THROUGH WORKSHOPS, TECHNICAL SUPERVISION SESSIONS, AND VISITS TO DEMONSTRATION SITES

O 155 YOUTH TRAINED UNDER THE STEPS HIV-PREVENTION PROGRAM, INCLUDING 46 CLIENTS OF THE DROP-IN CENTERS, NINE RESIDENTS OF THE HALFWAY HOUSE

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

Employer identification number 13-3791391

FOR AT-RISK YOUTH, 47 CLIENTS OF THE SOCIAL REHABILITATION UNIT OF HOSPITAL #5, 12 YOUTH ON THE STREET, AND 41 PARTICIPANTS AT PARTNER SITES.

O SERVED 147 HIV-POSITIVE WOMEN (INCLUDING 136 MAMA+ CLIENTS AND 11 NON-CLIENTS), 39 FAMILY MEMBERS AND 48 CHILDREN AT THE MAMA+ CENTER IN ST. PETERSBURG;

O 763 CLIENTS SERVED ACROSS DICS, FOSTER FAMILIES, IN INSTITUTIONS, AND IN FAMILIES AT RISK, 35 AT THE OVERNIGHT CRISIS SHELTER, 12 AT THE HALFWAY HOUSE FOR AT-RISK YOUTH, AND 146 AT THE CHILDREN'S HOSPITAL #5;

PERIOD: OCTOBER-DECEMBER 2010

O 763 CLIENTS SERVED ACROSS DICS, FOSTER FAMILIES, IN INSTITUTIONS, AND IN FAMILIES AT RISK, 35 AT THE OVERNIGHT CRISIS SHELTER, 12 AT THE HALFWAY HOUSE FOR AT-RISK YOUTH, AND 146 AT THE CHILDREN'S HOSPITAL #5;

O FORTY-THREE YOUTH RECEIVED STEPS HIV-PREVENTION TRAINING, INCLUDING 10 CLIENTS OF THE DROP-IN CENTERS, 6 RESIDENTS OF THE KALININSKY HALFWAY HOUSE FOR AT-RISK YOUTH, 11 CLIENTS OF THE SOCIAL REHABILITATION UNIT OF HOSPITAL #5, AND 16 YOUTH ON THE STREET.

O 112 HIV-POSITIVE WOMEN RECEIVED SERVICES AT ALL PROJECT SITES DURING THE REPORTING PERIOD, 12 OF WHOM WERE NEWLY ENROLLED;

O 35 MAMA+ CLIENTS AND 14 FAMILY MEMBERS AND 36 CHILDREN WERE SERVED AT THE MAMA+ CENTER IN ST. PETERSBURG;

O 466 CLIENTS WERE SERVED IN DROP-IN CENTERS, FOSTER FAMILIES, INSTITUTIONS, AND AT-RISK FAMILIES, INCLUDING, TEN CLIENTS LIVING AT THE OVERNIGHT CRISIS SHELTER, NINE AT THE KALININSKY HALFWAY HOUSE FOR AT-RISK YOUTH, AND 138 AT THE CHILDREN'S HOSPITAL #5

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

Employer identification number 13-3791391

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

MATERNAL AND NEWBORN CARE (MNC) SERVICES AND LINKING WOMEN AND CHILDREN TO HIV/AIDS AND MALARIA SERVICES

ACCOMPLISHMENTS/STATISTICS

PERIOD: JANUARY- MARCH 2010

O IN FEBRUARY, KENYA'S HIV PROJECT REGISTERED THE 4,000TH HIV-POSITIVE PATIENT IN CARE. THROUGH THE PROJECT'S EFFORTS, THE NUMBER OF PATIENTS RECEIVING CARE THROUGH PARTNER HEALTH FACILITIES DOUBLED IN ONLY 15 MONTHS.

O HEALTHRIGHT ORGANIZED QUALITY IMPROVEMENT TRAINING FOR HEALTH FACILITY STAFF IN MARAKWET AND TRANS NZOIA EAST DISTRICTS. THE APPROACH USED TO CONTINUOUS QUALITY IMPROVEMENT IS PARTICIPATORY AND STAFF-DRIVEN, USING SELF-ASSESSMENT AND ACTION PLANNING TOOLS.

O HEALTHRIGHT WORKED WITH THE DISTRICT HEALTH MANAGEMENT TEAM IN WEST POKOT TO SUPPORT WEEKLY HEALTH TALK SHOWS ON THE LOCAL POKOT RADIO STATION. THE FIRST SHOWS FOCUSED ON MATERNAL AND NEWBORN CARE ISSUES.

O HEALTHRIGHT'S MATERNAL AND NEONATAL HEALTH PROJECT PROVIDED CLINICAL SKILLS TRAINING TO 79 HEALTH FACILITY STAFF. THE HANDS-ON TRAINING BUILT THE CAPACITY OF HEALTH CARE PROVIDERS TO OFFER QUALITY DELIVERIES, EMERGENCY OBSTETRIC CARE AND POST-NATAL CARE SERVICES.

PERIOD: APRIL-SEPTEMBER 2010

O THE USAID-FUNDED MALARIA PROJECT DISTRIBUTED OVER 22,000 MOSQUITO NETS TO ALL HEALTH FACILITIES IN FIVE DISTRICTS IN THE PAST TWO QUARTERS.

O THE MALARIA PROJECT HAS BEGUN PROVIDING TRAINING TO COMMUNITY HEALTH WORKERS ON IMPORTANT MALARIA PREVENTION AND TREATMENT MESSAGES. 150 CHWS HAVE BEEN TRAINED SO FAR. THE PROJECT INTENDS TO TRAIN 1,050 OVER

THREE YEARS.

O HEALTHRIGHT BEGAN A PROJECT FUNDED BY BRISTOL MYERS SQUIBB (BMS) TO PROVIDE PATIENT SUPPORT SERVICES IN THE THREE POKOT DISTRICTS, WHICH ARE THE DISTRICTS THAT HAVE SEEN THE LARGEST INCREASES IN DEFAULT RATES SINCE THE HIV TREATMENT PROGRAM CLOSURE IN MARCH. AS PART OF THIS FUNDING, BMS HAS ALSO OFFERED SUPPORT OF ITS TECHNICAL ASSISTANCE PROJECT (TAP), WHICH PROVIDED TRAINING TO THE HEALTHRIGHT KENYA TEAM IN SEPTEMBER ON THE TOPICS OF ADVOCACY.

O HEALTHRIGHT OFFICIALLY LAUNCHED THE SECOND OF THREE MATERNITY WAITING HOMES IN AUGUST. MATERNITY WAITING HOMES, OR KIRORS IN SWAHILI, ARE BUILDINGS ON THE GROUNDS OF HEALTH FACILITIES WHERE WOMEN WHO LIVE FAR FROM THE HEALTH CENTERS CAN STAY WHILE THEY ARE WAITING TO DELIVER.

O HEALTHRIGHT'S SAFE MOTHERHOOD VIDEO WAS FEATURED ON THE NATIONAL CITIZEN TV IN KENYA ON AUGUST 22ND, REACHING AN ESTIMATED 2.2 MILLION VIEWERS. THE EDUCATIONAL 20-MINUTE VIDEO, THE FIRST IN POKOT LANGUAGE WITH ENGLISH SUB-TITLES, FOLLOWS THE STORY OF TWO PREGNANT SISTERS IN A RURAL COMMUNITY DURING THEIR PREGNANCY AND IN THEIR PREPARATIONS FOR DELIVERY. HEALTHRIGHT PRODUCED A TOTAL OF THREE SAFE MOTHERHOOD VIDEOS TRACKING THE SISTERS THROUGH THEIR PREGNANCIES, DELIVERIES AND THE POST-NATAL PERIOD TO PROVIDE INFORMATION ABOUT THE IMPORTANCE OF APPROPRIATE MOTHER AND NEWBORN CARE.

PERIOD: OCTOBER-DECEMBER 2010

O 375 PATIENTS WERE IDENTIFIED AND, WITH INTENSIVE HOME VISITS AND FOLLOW UP CONSULTATIONS, 312 OF THOSE PATIENTS RETURNED FOR THEIR NEXT VISIT.

O HEALTHRIGHT'S MALARIA SITE MANAGERS WERE TRAINED AS MASTER TRAINERS ON A SOCIAL BEHAVIOR CHANGE MODEL FROM THE ACADEMY FOR EDUCATIONAL

DEVELOPMENT (AED) ENTITLED CCHANGE. SITE MANAGERS WILL CONDUCT CCHANGE TRAINING FOR THE REST OF THE HEALTHRIGHT STAFF AND FOR ALL OF THE MALARIA COMMUNITY PARTNERS INCLUDING 1,062 CHWS AND TEN COMMUNITY BASED ORGANIZATIONS.

O CHWS, SUPPORTED THROUGH HEALTHRIGHT'S PROGRAM, OFFERED 12,600 HOME VISITS. DURING THESE VISITS, MOSQUITO NET OWNERSHIP AND USE ARE ENCOURAGED AND MEASURED. HEALTHRIGHT SUPPORTS CHWS WITH MONTHLY TRAINING SESSIONS AND COORDINATION MEETINGS.

O THE MALARIA PROJECT AND ITS PARTNERS REACHED 12,761 COMMUNITY MEMBERS IN THE FIVE DISTRICTS WITH INTEGRATED MESSAGES ABOUT MATERNAL AND NEONATAL HEALTH ISSUES, HIV AND MALARIA.

O THE MATERNITY WAITING HOME IN KAPENGURIA WAS COMPLETED IN DECEMBER. THE HOSPITAL HAS AGREED TO CONSTRUCT LATRINES AND KITCHEN FACILITIES FOR THE HOME BEFORE IT IS OFFICIALLY LAUNCHED IN THE COMMUNITY.

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

O DESIGNED IN-DEPTH BASELINE ASSESSMENT: THE PMNH TEAM FINALIZED DATA COLLECTION TOOLS AND SAMPLING FRAMES FOR A DETAILED HOUSEHOLD SURVEY OF 1200 RECENTLY DELIVERED WOMEN AND 900 MOTHERS OF 0-23 MONTH OLD CHILDREN; FOCUS GROUP DISCUSSIONS WITH FEMALE COMMUNITY HEALTH VOLUNTEERS, MOTHERS-IN-LAW, FATHERS, AND HEALTH FACILITY WORKERS; KEY INFORMANT INTERVIEWS OF LOCAL STAKEHOLDERS, AND HEALTH FACILITY ASSESSMENTS OF 16

O PREPARED OPERATIONS RESEARCH CONCEPT PAPER: AS A USAID CHILD SURVIVAL GRANTS PROGRAM INNOVATION GRANTEE, THE PMNH TEAM BEGAN DEVELOPED AND SUBMITTED THE FIRST HALF OF ITS OPERATIONS RESEARCH CONCEPT PAPER IN CLOSE PARTNERSHIP WITH THE PROJECT'S RESEARCH PARTNER, MOTHER INFANT RESEARCH ACTIVITIES (MIRA), A WELL-RESPECTED NEPAL-BASED RESEARCH

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

Employer identification number: 13-3791391

ORGANIZATION AFFILIATED WITH THE LONDON CHILD HEALTH INSTITUTE.

O BEGAN DEVELOPING USAID DETAILED IMPLEMENTATION PLAN: THE PMNH TEAM BEGAN CONDUCTING STAKEHOLDER MEETINGS WITH DISTRICT AND CENTRAL-LEVEL MINISTRY OF HEALTH AND POPULATION OFFICIALS, LOCAL CROSS-SECTORAL PARTNERS, INTERNATIONAL NGOS, UN AGENCIES, AND THE LOCAL USAID MISSION TO BEGIN DEVELOPING THE USAID-REQUIRED DETAILED IMPLEMENTATION PLAN (DIP).

O CONTINUING TO DISCUSS PROJECT CONCEPTS AND DEVELOP PROPOSALS WITH LOCAL NGOS SAATHI AND ABC NEPAL ON GENDER-BASED VIOLENCE AND TRAFFICKING ISSUES.

O INFORMING LOCAL NGOS IN THE PMNH PROJECT DISTRICTS OF POSSIBLE PARTNERSHIP OPPORTUNITIES TO SPREAD AWARENESS ABOUT GBV AND MATERNAL AND NEONATAL HEALTH TO COMMUNITIES BOTH DIRECTLY AND THROUGH COMMUNITY FORUMS SUCH AS VILLAGE DEVELOPMENT COMMITTEES AND WOMEN'S DEVELOPMENT COMMITTEES.

PERIOD: APRIL - SEPTEMBER 2010

O COMPLETED THE PROJECT'S IN-DEPTH BASELINE ASSESSMENT: THE PMNH TEAM WORKED CLOSELY WITH THE LEADING RESEARCH AGENCY IN NEPAL, NEW ERA, TO CONDUCT A BASELINE ASSESSMENT IN BOTH PROJECT DISTRICTS. COMPLETED IN APRIL, THE ASSESSMENT INCLUDED AN IN-DEPTH HOUSEHOLD SURVEY OF 1200 RECENTLY DELIVERED WOMEN AND 900 MOTHERS OF 0-23 MONTH OLD CHILDREN; FOCUS GROUP DISCUSSIONS WITH FEMALE COMMUNITY HEALTH VOLUNTEERS, MOTHERS-IN-LAW, FATHERS, AND HEALTH FACILITY WORKERS; KEY INFORMANT INTERVIEWS WITH LOCAL STAKEHOLDERS; AND HEALTH FACILITY ASSESSMENTS OF 16 FACILITIES AT ALL LEVELS. EXAMPLES OF PRELIMINARY FINDINGS INCLUDE:

O A SKILLED PROVIDER ATTENDED ONLY 1 IN 5 DELIVERIES

O ONLY A THIRD OF WOMEN RECEIVED THE RECOMMENDED FOUR ANTENATAL CARE VISITS

O ONLY 18% OF NEWBORNS IN ARGHAKHACHI DISTRICT, AND 6% IN KAPILVASTU DISTRICT RECEIVED ESSENTIAL NEWBORN CARE

O THE MAJORITY OF PROVIDERS AT FACILITIES BEYOND THE DISTRICT HOSPITAL HAVE NOT BEEN TRAINED IN NEONATAL CARE

O DISTRICT TRAINERS AND FIRST BATCH OF FACILITY-BASED HEALTH PROVIDERS TRAINED IN NEWBORN CARE BEST PRACTICES: IN AUGUST, PROJECT TEAMS COORDINATED THE TRAINING OF 20 DISTRICT TRAINERS FROM KAPILVASTU AND ARGHAKHACHI, WHO SUBSEQUENTLY BEGAN TRAINING THE FIRST BATCH OF 40 FACILITY-BASED HEALTH WORKERS INCLUDING PHYSICIANS, HEALTH ASSISTANTS, STAFF NURSES, AUXILIARY HEALTH WORKERS, AND AUXILIARY NURSE MIDWIVES. NEWBORN CARE TOPICS COVERED INCLUDE: UNIVERSAL PRECAUTIONS, CLEAN DELIVERY PRACTICES, IMMEDIATE NEWBORN CARE, ASSESSMENT, CLASSIFICATION AND MANAGEMENT OF NEWBORNS, MANAGING LOW BIRTH WEIGHT AND BIRTH ASPHYXIA, AS WELL AS RECORDING AND REPORTING.

PERIOD: OCTOBER-DECEMBER 2010

O TRAINED 203 HEALTH PROVIDERS IN INNOVATIVE NEWBORN CARE PRACTICES: 20 DISTRICT TRAINERS TRAINED BY THE PMNH PROJECT WENT ON TO TRAIN 203 PHYSICIANS, HEALTH ASSISTANTS, STAFF NURSES, AUXILIARY HEALTH WORKERS, AND AUXILIARY NURSE MIDWIVES. THE EXTENSIVE 7-DAY CURRICULUM COVERS NEWBORN CARE TOPICS SUCH AS UNIVERSAL PRECAUTIONS, CLEAN DELIVERY PRACTICES, IMMEDIATE NEWBORN CARE, ASSESSMENT, CLASSIFICATION AND MANAGEMENT OF NEWBORNS, MANAGING LOW BIRTH WEIGHT AND BIRTH ASPHYXIA, AS WELL AS RECORDING AND REPORTING.

VIETNAM

PROGRAM GOALS

O THE OVERALL GOAL OF THE PROMOTING COMMUNITY-BASED CARE FOR ORPHANS AND VULNERABLE CHILDREN (PCC-OVC) PROJECT IS TO BUILD VIETNAMESE SYSTEMS, CAPACITY, AND COMMITMENT TO CARE FOR CHILDREN LIVING WITH AND

AFFECTED BY HIV/AIDS IN THE FAMILY AND COMMUNITY ENVIRONMENT, AND TO SUPPORT FAMILIES COPING WITH THE IMPACTS OF HIV/AIDS TO PREVENT ABANDONMENT OR INSTITUTIONALIZATION OF OVC

ACCOMPLISHMENTS/STATISTICS

PERIOD: JANUARY- MARCH 2010

O NATIONAL LEVEL FOSTER CARE ADVOCACY SUCCESSES: ADVOCACY AND PROVIDING A LINK BETWEEN THOSE CHILDREN MOST IN NEED AND THE GOVERNMENT IS AN ONGOING ACTIVITY OF THE PROJECT; THIS PERIOD SAW SOME KEY OUTCOMES FROM THIS WORK INCLUDING THE GOVERNMENT BEGINNING THE REVISION OF ITS NATIONAL DECREE ON FOSTER CARE AND PRIORITIZING FOSTER CARE IN UPCOMING NATIONAL PLANS OF ACTION.

O ESTABLISHMENT AND ORIENTATION OF FOSTER CARE PANELS: ALSO IN JANUARY, THE PROJECT INITIATED AND ORIENTED FOUR DISTRICT-LEVEL FOSTER CARE PANELS TO INVOLVE LOCAL DECISION-MAKERS IN OVERSEEING THE IMPLEMENTATION OF FOSTER CARE IN EACH DISTRICT. EACH PANEL IS LED BY THE DISTRICT PEOPLES COMMITTEE DEPUTY CHAIRMAN AND INCLUDES REPRESENTATIVES OF THE WOMEN'S UNION, DEPARTMENT OF LABOR INVALIDS AND SOCIAL AFFAIRS (DOLISA), AND DISTRICT HEALTH CENTER.

O PROVISION OF HOLISTIC SUPPORT FOR CHILDREN AND THEIR CAREGIVERS: DURING THIS PERIOD, THE PROJECT'S WIDE RANGE OF HOME-BASED CARE, FOSTER CARE, AND DROP-IN CENTER SERVICES REACHED 985 CHILDREN AND 355 ADULT CAREGIVERS WITH SUPPORT TAILORED TO THE SPECIFIC HEALTH, NUTRITION, SHELTER, PROTECTION, PSYCHOSOCIAL, AND/OR EDUCATION NEEDS OF EACH CLIENT.

O EXPANSION TO A NEW DISTRICT: IN JANUARY, THE PROJECT EXPANDED TO A FOURTH DISTRICT IN HA NOI PROVINCE, SOC SON. THIS INCLUDED ESTABLISHING AND TRAINING A NEW SELF HELP GROUP OF PEOPLE LIVING WITH HIV, NAMED HOA SIM TIM, WITH 35 MEMBERS. ADDITIONALLY, A TEAM OF 12

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

Employer identification number 13-3791391

HOME-BASED CARE WORKERS WAS ESTABLISHED FOR SOC SON, INCLUDING FIVE HOA SIM TIM MEMBERS, FIVE WOMEN'S UNION LEADERS FROM COMMUNES MOST AFFECTED BY HIV, AND TWO DISTRICT WOMEN'S UNION MEMBERS

PERIOD: APRIL-SEPTEMBER 2010

O DEVELOPED A MICRO-ENTERPRISE PROJECT CONCEPT FOR WOMEN AFFECTED BY HIV: WORKING IN PARTNERSHIP WITH AN INTERNATIONAL TEXTILES ENTREPRENEUR BASED IN VIET NAM, HEALTHRIGHT DESIGNED A NEW PROJECT CONCEPT TO DEVELOP A COMMUNITY TEXTILES WORKSHOP FOR WOMEN IN FAMILIES LIVING WITH HIV IN ORDER TO PROVIDE BOTH AN INCOME GENERATION OPPORTUNITY, AS WELL AS WRAP-AROUND SUPPORT SERVICES TO ENSURE THEY REMAIN HEALTHY AND PRODUCTIVE. THE COMMUNITY WORKSHOP WOULD BE CO-LOCATED WITH THE PROJECT'S SMILE OF THE SUN COUNSELING AND DAY CENTRE IN DONG ANH TO PROVIDE A SAFE AND HEALTHY SPACE FOR THEIR CHILDREN DURING WORKSHOP HOURS

O FACILITATION OF 13 FOSTER CARE CASES THUS FAR IN VIETNAM'S FIRST FORMAL FOSTER CARE SYSTEM: AFTER ESTABLISHING DISTRICT-LEVEL FOSTER CARE PANELS COMPRISED OF LOCAL DECISION-MAKERS IN JANUARY, THE PCC-OVC PROJECT HAS WITNESSED GREAT DEMAND FOR ITS PILOT FOSTER CARE SYSTEM. IN THIS REPORTING PERIOD, THE PROJECT TRAINED 41 POTENTIAL FOSTER CARE PARENTS AND CONDUCTED 49 FOSTER CHILD AND 16 FOSTER PARENT ASSESSMENTS RESULTING IN 13 SUCCESSFUL PLACEMENTS THUS FAR WITH DEMAND CONTINUING TO GROW

O VISIT BY U.S. SECRETARY OF STATE HILLARY RODHAM CLINTON: ON JULY 22, HEALTHRIGHT HOSTED HILLARY CLINTON AT ONE OF ITS TWO SMILE OF THE SUN CENTERS FOR THE SIGNING OF THE U.S.-VIETNAM PARTNERSHIP FRAMEWORK. THE HIGH PROFILE VISIT GAVE THE PCC-OVC PROJECT, HEALTHRIGHT, AND ITS PARTNERS SUBSTANTIAL PUBLIC RECOGNITION AND THE OPPORTUNITY TO WORK CLOSELY WITH PEPFAR AND USAID STAFF IN MAKING PREPARATIONS. MILA

ROSENTHAL AND TIM CROWHURST WERE ALSO IN ATTENDANCE. COMMENTING ON HEALTHRIGHT'S US GOVERNMENT-SUPPORTED PROGRAM IN VIETNAM, SECRETARY CLINTON SAID, "WHAT WE SEE HERE IS THE KIND OF COMPREHENSIVE RESPONSE THAT THIS DISEASE DEMANDS."

PERIOD: OCTOBER-DECEMBER 2010

O PROVISION OF HOLISTIC SUPPORT FOR CHILDREN AND THEIR CAREGIVERS: DURING THIS PERIOD, THE PROJECT'S WIDE RANGE OF HOME-BASED CARE, FOSTER CARE, AND DROP-IN CENTER SERVICES REACHED MORE THAN 2,000 CHILDREN AND NEARLY 600 ADULT CAREGIVERS WITH SUPPORT TAILORED TO THEIR SPECIFIC HEALTH, NUTRITION, SHELTER, PROTECTION, PSYCHOSOCIAL, AND/OR EDUCATION NEEDS.SPECIFICALLY, THE PROJECT'S 46 HOME-BASED CARE WORKERS (MANY OF WHOM ARE HIV-POSITIVE) SERVED 598 HIV-AFFECTED CHILDREN, 52 OF WHOM WERE NEW TO THE PROJECT THIS QUARTER

O RELOCATING THE PROJECT'S ORIGINAL SMILE OF THE SUN CENTER SITE

O NATIONAL LEVEL FOSTER CARE ADVOCACY SUCCESSES

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

UKRAINE PROGRAM

PROGRAM GOALS:

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

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

O TO PROVIDE HIGH-RISK HIV-POSITIVE NEW MOTHERS AND PREGNANT WOMEN WITH

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

Employer identification number 13-3791391

TARGETED SUPPORT AND SERVICES TO EMPOWER THEM TO KEEP THEIR NEWBORN CHILDREN IN THE FACE OF THE MANY CHALLENGES THEY ENCOUNTER AFTER LEARNING THEIR HIV STATUS, INCLUDING ADJUSTING TO SOCIAL DISCRIMINATION, MANAGING THEIR DRUG USE, LACK OF FAMILY SUPPORT, AND DIFFICULT ECONOMIC OR OTHER LIFE CIRCUMSTANCES

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

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

ACCOMPLISHMENTS/STATISTICS

PERIOD: JANUARY- MARCH 2010

O IN JANUARY OF 2010, HEALTHRIGHT IN UKRAINE BEGAN A PROJECT TO ADAPT ITS HIV PREVENTION WORKSHOPS TO BE FACILITATED IN A STREET SETTING. THESE WORKSHOPS WERE FIRST DEVELOPED IN ST. PETERSBURG AND IMPLEMENTED IN DROP-IN CENTERS (DICS) IN BOTH RUSSIA AND UKRAINE. WORKSHOPS TOOK PLACE IN FEBRUARY AND MARCH 2010 TO TRAIN 21 OUTREACH WORKERS FROM KYIV AND DONETSK IN STREET-BASED HIV PREVENTION.

O BEGINNING IN MARCH 2010, HEALTHRIGHT, TOGETHER WITH THE KYIV CITY CENTER FOR SOCIAL SERVICES, INITIATED OUTREACH SERVICES FOR STREET

YOUTH IN KYIV. THREE TEAMS CONDUCT OUTREACH ACTIVITIES TWICE EACH WEEK, PROVIDING BASIC HEALTH SERVICES, VOLUNTARY HIV COUNSELING AND TESTING, BASIC HIV AWARENESS EDUCATION, AND LINKAGES TO SOCIAL SERVICES FOR APPROXIMATELY 150 STREET CHILDREN AND YOUTH PER MONTH. REACHING STREET YOUTH IN A STREET SETTING - WHERE THEY ARE MOST COMFORTABLE AND MOST WILLING TO ENGAGE WITH - ADULTS IS A CRITICAL TOOL IN HEALTHRIGHT'S RESPONSE TO THE HIV EPIDEMIC AMONG THIS POPULATION.

O NINETEEN HIV-POSITIVE, DRUG USING PREGNANT WOMEN AND NEW MOTHERS WERE IDENTIFIED DURING THE FIRST QUARTER OF 2010 BY THE MAMA+ FOR IDUS PROJECT IN KYIV. IN TOTAL, 59 INDIVIDUALS, INCLUDING CLIENTS AND THEIR FAMILY MEMBERS, WERE PROVIDED WITH SUPPORT, INCLUDING REPRODUCTIVE HEALTH, MEDICAL, SOCIAL, LEGAL AND PSYCHOLOGICAL SERVICES, AND ACCESS TO DRUG REHABILITATION.

O IN ORPHANAGES IN UKRAINE, HIV+ CHILDREN FACE DISCRIMINATION, AS THESE FACILITIES REFUSE TO PROVIDE THEM WITH CARE, WHICH CAN BE PARTICULARLY DETRIMENTAL WHEN THEIR MOTHERS ARE ENGAGED IN DRUG REHABILITATION. AS PART OF THE MAMA+ FOR IDUS PROJECT, HEALTHRIGHT PRESENTED AT A SESSION OF THE KYIV CITY COORDINATION COUNCIL ON HIV/AIDS PREVENTION, WHICH WAS ATTENDED BY 24 REPRESENTATIVES OF THE CITY ADMINISTRATION, DIRECTORS OF SOCIAL INSTITUTIONS AND THE DEPUTY MAYOR. THE COUNCIL CONCLUDED THAT THIS DISCRIMINATION

O ACCORDING TO DATA FROM DONETSK CITY CHILDRENS SERVICES, AS OF JANUARY 1, 2010, THE CITY OF DONETSK WAS HOME TO 583 EXTREMELY DYSFUNCTIONAL FAMILIES, INCLUDING THOSE WITH ALCOHOL AND DRUG ABUSING MEMBERS, AND MORE THAN 5,000 FAMILIES THAT ARE HOMELESS, JOBLESS OR EXPERIENCING OTHER DIFFICULT CIRCUMSTANCES. HEALTHRIGHT IDENTIFIED KEY GAPS IN EXISTING SERVICES FOR CHILDREN AND YOUTH FROM THESE FAMILIES, AS WELL AS INITIATIVES CURRENTLY PLANNED BY 42 EXTERNAL DEVELOPMENT

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

Employer identification number 13-3791391

PARTNERS IN THE FIELD OF CHILD CARE. HEALTHRIGHT DEVELOPED AND COORDINATED A SERVICE REFERRAL AND PARTNERSHIP NETWORK AMONG THESE PARTNERS, STRENGTHENED THE CAPACITY OF LOCAL PARTNERS THROUGH A THREE-DAY TRAINING ON OUTREACH METHODS, AND HELD A ROUNDTABLE WITH 28 NGO AND STATE SERVICES PROVIDERS. HEALTHRIGHT AND ITS PARTNERS REACHED 55 NEW STREET AND AT-RISK CHILDREN AND YOUTH VIA OUTREACH, AND PROVIDED PSYCHOSOCIAL AND LEGAL SERVICES TO A TOTAL OF 131 STREET AND AT-RISK CHILDREN AND YOUTH.

PERIOD: APRIL-SEPTEMBER 2010

O HEALTHRIGHT'S MAMA+ FOR IDUS PROGRAM HAS HELPED 8 NEW FEMALE CLIENTS ENROLL IN DRUG REHABILITATION AND SUBSTITUTION THERAPY DURING THE REPORTING PERIOD.

O OF THE 132 CLIENTS SERVED BY HEALTHRIGHTS THE SERVICE CENTER FOR GIRLS AND WOMEN THUS FAR, 38 WERE ORPHANED GIRLS, MOST OF WHOM WERE HOMELESS.

O HEALTHRIGHT CONTINUED TO COORDINATE A REFERRAL AND PARTNERSHIP NETWORK COMPRISED OF 42 CHILD-FOCUSED STATE AND NON-GOVERNMENTAL ORGANIZATIONS IN DONETSK.

PERIOD: OCTOBER-DECEMBER 2010

O HEALTHRIGHT'S SERVICE CENTER FOR GIRLS AND WOMEN IN KYIV PROVIDED RAPID HIV TESTS TO 51 GIRLS AND YOUNG WOMEN. TWENTY-EIGHT OF THOSE TESTED WERE FOUND TO BE HIV-POSITIVE (55%), AND 27 OF THESE INDIVIDUALS HAVE BEEN REGISTERED WITH THE CITY AIDS CENTER.

O BETWEEN OCTOBER AND DECEMBER, ONE DONETSK AND THREE KYIV OUTREACH TEAMS ENGAGED 266 STREET YOUTH IN STEPS WORKSHOPS AND PROVIDED LINKAGES TO HARM/RISK REDUCTION SERVICES.

O OF THE 97 CLIENTS SERVED BY HEALTHRIGHT'S THE SERVICE CENTER FOR GIRLS AND WOMEN THUS FAR, THREE WERE ORPHANED GIRLS, MOST OF WHOM WERE HOMELESS.

O HEALTHRIGHT CONTINUED TO COORDINATE A REFERRAL AND PARTNERSHIP NETWORK COMPRISED OF 42 CHILD-FOCUSED STATE AND NON-GOVERNMENTAL ORGANIZATIONS IN DONETSK.

O HEALTHRIGHT PROVIDED DROP-IN-CENTER-BASED PSYCHOLOGICAL, SOCIAL, MEDICAL, AND OTHER SERVICES TO 216 STREET AND AT-RISK CHILDREN AND YOUTH AND 45 OF THEIR PARENTS AND CAREGIVERS IN DONETSK. DURING THE REPORTING PERIOD, 62 CLIENTS IMPROVED THEIR LIVING CONDITIONS AND NO LONGER NEED HEALTHRIGHT'S SERVICES. HEALTHRIGHT ALSO PROVIDED 98 CHILDREN WITH SOCIAL, PSYCHOLOGICAL, LEGAL, AND OTHER SERVICES THROUGH OUTREACH IN DONETSK.

EXPENSES $ 602,718. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

HUMAN RIGHTS CLINIC - USA

PROGRAM GOALS

TO HELP SURVIVORS OF TORTURE AND PERSECUTION GAIN A FAIR HEARING AND ADJUDICATION OF THEIR CLAIMS FOR IMMIGRATION RELIEF AND TO ENHANCE THEIR CAPACITY TO PRESENT THEIR CASES FULLY AND EFFECTIVELY.

TO MOBILIZE THE HEALTH COMMUNITY TO BE AWARE OF, DEFEND AND PROMOTE THE WELL BEING OF IMMIGRANTS WHO HAVE SURVIVED TORTURE OR OTHER SERIOUS ABUSE.

ACCOMPLISHMENTS/STATISTICS

PERIOD: JANUARY- MARCH 2010

O WOMEN WHO ARE FLEEING VIOLENCE, TORTURE, ABUSIVE RELATIONSHIPS BOTH IN THEIR COUNTRY OF ORIGIN AND HERE IN THE UNITED STATES, AND/OR VICTIMS OF SOCIAL PRACTICES THAT ARE DETRIMENTAL TO WOMENS HEALTH,

LIKE FEMALE GENITAL MUTILATION, MAKE UP A SIGNIFICANT PROPORTION OF THE TORTURE SURVIVORS THAT HRC ASSISTS WITH MEDICAL AND MENTAL HEALTH EVALUATIONS, AFFIDAVITS AND REFERRAL FOR SERVICES. IN THE FIRST QUARTER OF 2010, HRC PROVIDED FOLLOWING SERVICES TO WOMEN (NUMBERS INCLUDED IN THE TOTALS IN D BELOW):

O 34 WOMEN SURVIVORS OF TORTURE WERE PROVIDED WITH EVALUATIONS AND AFFIDAVITS. FOUR OF THEM WERE APPLYING FOR RELIEF UNDER VIOLENCE AGAINST WOMEN ACT, WHICH PROVIDES THEM PROTECTION FROM THEIR ABUSIVE US CITIZEN SPOUSE/PARTNER, ALLOWING THEM TO REMOVE THEMSELVES FROM THE VIOLENT RELATIONSHIP WITHOUT FEAR OF DEPORTATION.

O FIVE WOMEN WERE PROVIDED WITH GYNECOLOGICAL EVALUATIONS AND AFFIDAVITS TO ASCERTAIN THEIR HAVING BEEN SUBJECTED TO FEMALE GENITAL MUTILATION.

O 27 WOMEN WERE REFERRED FOR FOLLOW UP CARE AND SERVICES.

PERIOD: APRIL-SEPTEMBER 2010

O PROVIDED A TOTAL 210 EVALUATIONS AND AFFIDAVITS TO 176 SURVIVORS OF TORTURE APPLYING FOR ASYLUM OR OTHER IMMIGRATION RELIEF IN THE UNITED STATES. OF 64 CLIENTS WHO REPORTED THEIR FINAL ADJUDICATIONS, 59 APPLICATIONS WERE GRANTED, A GRANT RATE OF 92%.

O LAUNCHED NEW HRC OPERATIONS IN SEATTLE, WA. IN THE FIRST THREE MONTHS OF OPERATION, HRC HAS CONDUCTED 3 GYNECOLOGICAL EVALUATIONS, 5 PSYCHOLOGICAL EVALUATIONS, AND 8 MEDICAL EVALUATIONS IN SEATTLE, AND HAS PARTNERED WITH THE HEALTH EQUITY CIRCLE OF THE UNIVERSITY OF WASHINGTON, WHICH WILL RESEARCH, COMPILE AND DEVELOP REFERRAL SYSTEMS WITH POTENTIAL ASSIST REFERRAL PARTNERS IN SEATTLE.

O HELD FOUR TRAININGS FOR POTENTIAL VOLUNTEERS: ONE IN NEW YORK IN APRIL, 2010, FOR 12 PHYSICIANS AND 16 MENTAL HEALTH PROFESSIONALS, 13 OF WHOM HAVE FORMALLY JOINED THE HRC NETWORK; ONE TRAINING FOR

RESIDENTS AT THE BRONX HUMAN RIGHTS CLINIC FOR 9 PHYSICIANS IN RESIDENCE, ALL OF WHOM HAVE JOINED THE HRC VOLUNTEER NETWORK; ONE IN WASHINGTON, DC, THE FIRST CONDUCTED BY HRC IN THAT CITY IN SEPTEMBER 2010, INCLUDING 14 PHYSICIANS, FOUR MENTAL HEALTH PROFESSIONALS AND THREE OTHERS, WHO ARE IN THE PROCESS OF JOINING THE NETWORK; AND ONE IN SEATTLE, ALSO THE FIRST CONDUCTED BY HRC IN THAT CITY, WHICH WAS ATTENDED BY 19 PHYSICIANS, 16 MENTAL HEALTH PROFESSIONALS AND FIVE OTHERS. FOURTEEN OF THE TRAINED PROFESSIONALS IN SEATTLE, AND THREE WHO WERE AFFILIATED WITH THE NORTHWEST IMMIGRANT RIGHTS PROJECT, HAVE FORMALLY JOINED THE HRC NETWORK.

O CONDUCTED THREE WORKING GROUP MEETINGS: ONE ON CULTURAL IDIOMS OF TRAUMA IN NEW YORK, WHICH WAS ATTENDED BY 13 HRC VOLUNTEER CLINICIANS AND TWO OTHER PEOPLE; ONE FOR VOLUNTEERS IN DENVER (CO) ON NEW DEVELOPMENTS IN ASYLUM LAW, WHICH WAS ATTENDED BY 8 PEOPLE, SIX OF WHOM WERE HRC VOLUNTEERS; AND ONE IN NEW YORK CITY ON THE IMMIGRATION PROTECTION FOR SURVIVORS OF DOMESTIC VIOLENCE AND SERIOUS CRIMES IN THE UNITED STATES, ATTENDED BY EIGHT HRC VOLUNTEERS AND FACILITATED BY PARTNER ORGANIZATION SANCTUARY FOR FAMILIES.

PERIOD: OCTOBER-DECEMBER 2010

O PROVIDED A TOTAL 137 EVALUATIONS AND AFFIDAVITS TO SURVIVORS OF TORTURE APPLYING FOR ASYLUM OR OTHER IMMIGRATION RELIEF IN THE UNITED STATES. ONLY EIGHT CLIENTS REPORTED THEIR FINAL ADJUDICATIONS, AND ALL WERE GRANTED ASYLUM.

O HELD TWO TRAININGS FOR POTENTIAL VOLUNTEERS: ONE IN NEW YORK IN NOVEMBER 6, FOR 12 PHYSICIANS AND 14 MENTAL HEALTH PROFESSIONALS, AND 4 OTHERS; ONE IN DENVER, CO, ON NOVEMBER 30, 2011 FOR 7 PHYSICIANS, 18 MENTAL HEALTH PROFESSIONALS AND THREE OTHERS.

O PROVIDED ASSIST SERVICES TO 111 CLIENTS, OF WHICH 30 RECEIVED DIRECT

CASE MANAGEMENT SUPPORT FROM HRC STAFF. CLIENTS RECEIVED REFERRAL TO 69 HEALTH AND SOCIAL SERVICES RESOURCES IN THEIR COMMUNITIES

O 17 CHILDREN WHO WERE APPLYING FOR IMMIGRATION PROTECTION WERE PROVIDED WITH EVALUATION AND AFFIDAVITS. ONE OF THEM WAS APPLYING FOR SPECIAL IMMIGRANT JUVENILE STATUS (SIJS).

O 70 WOMEN SURVIVORS OF TORTURE WERE PROVIDED WITH EVALUATIONS AND AFFIDAVITS. THESE NUMBERS ARE INCLUDED IN THE TOTALS IN D BELOW.

O 16 WOMEN WERE PROVIDED WITH GYNECOLOGICAL EVALUATIONS AND AFFIDAVITS TO ASCERTAIN THEIR HAVING BEEN SUBJECTED TO FEMALE GENITAL MUTILATION. THESE NUMBERS ARE INCLUDED IN THE TOTALS IN D BELOW.

O 14 WOMEN WERE REFERRED FOR FOLLOW UP CARE AND SERVICES. THESE NUMBERS ARE INCLUDED IN D BELOW

EXPENSES $ 269,991. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

KENYA, RUSSIA, UKRAINE, NEPAL,

VIETNAM

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

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

ARE PROVIDED THE APPROVED COPY OF THE FORM 990 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, HAS 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 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

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

Employer identification number 13-3791391

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 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. DOCUMENTATION IS RETAINED IN DECISIONS REGARDING COMPENSATION ARRANGEMENTS.

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. HEALTHRIGHT'S FORM 990 IS AVAILABLE UPON REQUEST AND CAN ALSO BE FOUND ON WWW.GUIDESTAR.ORG. A CONFLICT OF INTEREST POLICY AND ENFORCEMENT PROCEDURES GOVERNING EMPLOYEES IS CURRENTLY IN PLACE, AND WILL BE EXPANDED TO COVER THE BOARD OF DIRECTORS.

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

Employer identification number 13-3791391

FORM 990, PART XII, LINE 2C:

OVERSIGHT OF THE AUDIT AND SELECTION OF INDEPENDENDENT ACCOUNTANT

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 PART 1, LINE 6:

VOLUNTEERS

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

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions.	HEALTHRIGHT INTERNATIONAL, INC. FORMERLY DOCTORS OF THE WORLD U.S.A., INC.	13-3791391
	Number, street, and room or suite no. If a P.O. box, see instructions. 80 MAIDEN LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

- The books are in the care of ▶ RACHEL MADENYIKA, VP FINANCE AND ADMINISTRATION
  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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	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.	3a	$ 0.
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.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.