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

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year period beginning and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: DKT INTERNATIONAL, INC.

Number and street (or P O box if mail is not delivered to street address): C/O D. FRANKSTONE P.O. DRAWER 2869 | Room/suite

City or town, state or country, and ZIP + 4: CHAPEL HILL, NC 27515

D Employer identification number 58-1593137

E Telephone number (202)785-0094

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site ▶WWW.DKTINTERNATIONAL.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 34673573.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	10170569.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	12088378.		
	d	**Total** (add lines 1a through 1c) (cash $ 17763520. noncash $ 4495427.)			1d	22258947.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	14516798.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	423564.
	5	Dividends and interest from securities			5	210852.
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶ ROYALTY INCOME)			7	945123.
	8 a	Gross amount from sale of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less cost or other basis and sales expenses — (A): ; (B):	8b			
	c	Gain or (loss) (attach schedule) — (A): ; (B):	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	-3681711.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	34673573.
Expenses	13	Program services (from line 44, column (B))			13	38148149.
	14	Management and general (from line 44, column (C))			14	772481.
	15	Fundraising (from line 44, column (D))			15	79172.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	38999802.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-4326229.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	32059947.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	-3979645.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	23754073.

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DKT INTERNATIONAL, INC. 58-1593137

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ ____ noncash $ ____	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	89898.	25000.	64898.	0.
26 Other salaries and wages	26	4336130.	4137758.	144821.	53551.
27 Pension plan contributions	27				
28 Other employee benefits	28	377125.	354305.	4823.	17997.
29 Payroll taxes	29	84858.	56118.	22515.	6225.
30 Professional fundraising fees	30				
31 Accounting fees	31	297340.		297340.	
32 Legal fees	32	5202.		5202.	
33 Supplies	33				
34 Telephone	34	236595.	236595.		
35 Postage and shipping	35				
36 Occupancy	36	504510.	504510.		
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	971739.	970340.		1399.
40 Conferences, conventions, and meetings	40	170252.	170252.		
41 Interest	41	272117.	272117.		
42 Depreciation, depletion, etc (attach schedule)	42	311463.	311463.		
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 3	43e	31342573.	31109691.	232882.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	38999802.	38148149.	772481.	79172.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ________, (ii) the amount allocated to Program services $ ________, (iii) the amount allocated to Management and general $ ________, and (iv) the amount allocated to Fundraising $ ________

Part III **Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a DEVELOPMENT AND SUSTAINING ACTIVITIES IN THE AREAS OF FAMILY PLANNING AND HEALTH WORLDWIDE (Grants and allocations $)	17606368.
b SALE OF FAMILY PLANNING PRODUCTS (Grants and allocations $)	20541781.
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	38148149.

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Form **990** (2002)

10470723 758642 211 2002.06000 DKT INTERNATIONAL, INC. 211____1

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			5402540.	45	7721778.
46 Savings and temporary cash investments			1029707.	46	1076292.
47 a Accounts receivable	47a	2285673.			
b Less allowance for doubtful accounts	47b		2143728.	47c	2285673.
48 a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable			334799.	49	525108.
50 Receivables from officers, directors, trustees, and key employees				50	
51 a Other notes and loans receivable	51a	535000.			
b Less allowance for doubtful accounts	51b		589083.	51c	535000.
52 Inventories for sale or use			8169809.	52	2945360.
53 Prepaid expenses and deferred charges			1436560.	53	1295509.
54 Investments - securities STMT 5 ▶ ☐ Cost [X] FMV			24747574.	54	19767962.
55 a Investments - land, buildings, and equipment: basis	55a				
b Less accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	2843650.			
b Less accumulated depreciation	57b	1724035.	1033705.	57c	1119615.
58 Other assets (describe ▶ SEE STATEMENT 6)			1554722.	58	1586337.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			46442227.	59	38858634.
Liabilities					
60 Accounts payable and accrued expenses			3715117.	60	5142293.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable			1876926.	64b	945292.
65 Other liabilities (describe ▶ SEE STATEMENT 7)			8790237.	65	9016976.
66 **Total liabilities** (add lines 60 through 65)			14382280.	66	15104561.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			32052039.	67	23749631.
68 Temporarily restricted			7908.	68	4442.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			32059947.	73	23754073.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			46442227.	74	38858634.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	30724528.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ -3979645.		
(2)	Donated services and use of facilities $ 30600.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	-3949045.
c	Line a minus line b	c	34673573.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	34673573.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	39030402.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $ 30600.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	30600.
c	Line a minus line b	c	38999802.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	38999802.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PHILIP D. HARVEY 106 OUTRIDER TRACE, CHAPEL HILL, NC	PRESIDENT/DIRECTOR PART TIME	50000.	0.	0.
TIMOTHY R. L. BLACK, MD SUSSEX, ENGLAND	DIRECTOR PART TIME	28392.	0.	0.
ROBERT CISZEWSKI 3618 NORTH GREENWOOD, SANGER, CA	VICE PRESIDENT/DIRECTOR PART TIME	12000.	0.	0.
DAVID R. FRANKSTONE P.O. DRAWER 2869, CHAPEL HILL, NC	SECRETARY PART TIME	0.	0.	0.
DAVID A. GROVES 1804 HUNTINGTON ROAD, GREENSBORO, NC	TREASURER PART TIME	0.	0.	0.
MICHELE THORBURN 3130 WISCONSIN AVE., WASHINGTON, DC	ASSISTANT SECRETARY 40 HOURS	44898.	2430.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ▶ [ ] Yes [X] No

Part VI Other Information

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 8 and check whether it is ☐ exempt or ☐ nonexempt.				
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a 0.			
b	Did the organization file Form 1120-POL for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b 30600.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88	X	
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ NORTH CAROLINA

b Number of employees employed in the pay period that includes March 12, 2002 | 90b | 15

91 The books are in care of ▶ LIDA L. COLEMAN, CPA Telephone no ▶ (919) 968-4911

Located at ▶ 100 EUROPA DRIVE, SUITE 445, CHAPEL HILL, NC ZIP + 4 ▶ 27517

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512 513 or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a SALES-FAMILY PLAN PROD					14206339.
b MISC PROGRAM REVENUE					310171.
c MAILING LIST RENTAL	511140	288.			
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	423564.	
96 Dividends and interest from securities			14	210852.	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	945123.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SEE STATEMENT 9				-3681711.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		288.		-2102172.	14516510.
105 Total (add line 104, columns (B), (D), and (E)) ▶					12414626.

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	SALE OF CONTRACEPTIVES FOR THE PURPOSE OF FAMILY PLANNING AND PREVENTION OF HIV/AIDS; ENCOURAGE AND ADVANCE HUMAN WELFARE THROUGH FAMILY PLANNING (LINES 93B-C)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 10	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

[redacted] ompanying schedules and statements and to the best of my knowledge and belief it is true ormation of which preparer has any knowledge

7.24.03 ▶ P.D HARVEY, president

Type or print name and title

[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization: DKT INTERNATIONAL, INC.

Employer identification number: 58 1593137

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CRAIG DARDEN C/O DKT INTERNATIONAL, WASHINGTON, DC	PROGRAM MGR FULL TIME	163143.	4560.	79332.
CHRISTOPHER PURDY C/O DKT INTERNATIONAL, WASHINGTON, DC	PROGRAM MGR FULL TIME	134857.	3960.	31558.
CARLOS FERREROS C/O DKT INTERNATIONAL, WASHINGTON, DC	PROGRAM MGR FULL TIME	93060.	5040.	36920.
TERRY SCOTT C/O DKT INTERNATIONAL, WASHINGTON, DC	PROGRAM MGR FULL TIME	93026.	0.	36261.
LAWRENCE HOLZMAN C/O DKT INTERNATIONAL, WASHINGTON, DC	PROGRAM MGR FULL TIME	105355.	5188.	21205.
Total number of other employees paid over $50,000 ▶	5			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
JENNER AND BLOCK ONE IBM PLAZA, CHICAGO, IL 60611	LEGAL AND CONSULTING	847356.
COLLIER SHANNON SCOTT, PLLC 3050 K STREET, NW, WASHINGTON, DC 20007	LEGAL AND CONSULTING	162766.
BALBIRER AND COLEMAN, PLLC P. O. BOX 4320, CHAPEL HILL, NC 27515	ACCOUNTING	149052.
Total number of others receiving over $50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (**Must equal amounts on line 38**, Part VI-A, or line i of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)* SEE STATEMENT 11			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b	X	
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4	X	

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments* SEE STATEMENT 12

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Schedule A (Form 990 or 990-EZ) 2002

223111
01 22-03

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	29056463.	28904683.	20384080.	12287463.	90632689.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12676833.	11550489.	8704784.	9992033.	42924139.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1155125.	1318668.	1602758.	1288879.	5365430.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	42888421.	41773840.	30691622.	23568375.	138922258.
24 Line 23 minus line 17	30211588.	30223351.	21986838.	13576342.	95998119.
25 Enter 1% of line 23	428884.	417738.	306916.	235684.	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the sum of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines: 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2001) 2500000. (2000) 10329769. (1999) 6031248. (1998) 4013186.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2001) 0. (2000) 0. (1999) 0. (1998) 0.

c Add: Amounts from column (e) for lines: 15 90632689. 16 ______ 17 42924139. 20 ______ 21 ______ ▶ 27c 133556828.

d Add: Line 27a total 22874203. and line 27b total 0. ▶ 27d 22874203.

e Public support (line 27c total minus line 27d total) ▶ 27e 110682625.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 138922258.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 79.6723%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 3.8622%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500 000	20% of the amount on line 40
Over $500 000 but not over $1 000 000	$100,000 plus 15% of the excess over $500 000
Over $1 000 000 but not over $1 500 000	$175,000 plus 10% of the excess over $1 000 000
Over $1 500 000 but not over $17 000 000	$225 000 plus 5% of the excess over $1 500 000
Over $17 000 000	$1 000 000

Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f *Grants to other organizations for lobbying purposes*			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FOOTNOTES STATEMENT 1

PAGE 3, LINE 57 - LAND, BUILDINGS AND EQUIPMENT

	12/31/02	12/31/01
VEHICLES	1,459,666	1,600,846
OFFICE EQUIPMENT	1,166,228	961,001
LEASEHOLD IMPRVMTS	217,756	156,283
LESS ACCUM DEPR	(1,724,035)	(1,684,425)
NET ASSETS	1,119,615	1,033,705

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-3979645.
TOTAL TO FORM 990, PART I, LINE 20	-3979645.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COST OF SALES - FAMILY PLANNING PRODUCTS	20541781.	20541781.		
AMORTIZATION	178472.		178472.	
POSTAGE	101352.	101352.		
ADVERTISING	5939186.	5939186.		
BANK AND CREDIT CARD CHARGES	54410.		54410.	
CONSULTING FEES	253686.	253686.		
CONTRIBUTIONS	130854.	130854.		
PROGRAM EXPENSES - FIELD OPERATIONS	3184372.	3184372.		
VEHICLE EXPENSE	370679.	370679.		
OFFICE EXPENSES AND SUPPLIES	441525.	441525.		
RESEARCH AND DEVELOPMENT	99813.	99813.		
BAD DEBT	46443.	46443.		
TOTAL TO FM 990, LN 43	31342573.	31109691.	232882.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO DESIGN AND IMPLEMENT FAMILY PLANNING PROJECTS IN DEVELOPING COUNTRIES

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE EQUITY SECURITIES	19767962.				19767962.
TO 990, LN 54 COL B	19767962.				19767962.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
CUSTOMER LIST	587500.
TRADEMARKS AND COPYRIGHTS	75000.
GOODWILL	37500.
CONSULTING AGREEMENT	50000.
DONATED VIDEO TAPES	5710086.
LESS: ACCUMULATED AMORTIZATION	-4873749.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1586337.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
INTEREST PAYABLE	342660.
LINE OF CREDIT	374696.
ADVANCES ON GRANTS	8299620.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	9016976.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 8
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PHE, INC -- PHILIP D. HARVEY - PRESIDENT		X
POPULATION SERVICES INTERNATIONAL -- PHILIP D. HARVEY - BOARD MEMBER	X	
INTERNATIONAL FUND FOR HEALTH AND FAMILY PLANNING	X	
- PHILIP D. HARVEY - VICE PRESIDENT	X	

TOWNSEND ENTERPRISES, INC. -- PHILIP D. HARVEY, TREASURER	X
VIDEO SEX-ED, LTD PARTNERSHIP	X
DKT DO BRASIL PRODUTOS DE USO PESSOAL LIMITADA - COMMONLY CONTROLLED BOARDS	X
DELPHI ENTERPRISES, INC - SUBSIDIARY	X
DKT PHILIPPINES, INC.	X
SOUTHWICK ENTERPRISES, INC. -- PHILIP D. HARVEY - PRESIDENT/TREASURER	X
PHEELING ROMANTIC, INC.	X
DKT DE MEXICO SA DE CV	X

FORM 990 OTHER REVENUE STATEMENT 9

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOREIGN CURRENCY					
TRANSLATION GAIN			18	5394.	
LOSS ON SALE OF INVSTMT			18	-405945.	
LOSS ON DISPOSITION			18		
OF ASSETS			18	-19390.	
UNREALIZED LOSS ON			18		
VALUATION OF INVENTORY			18	-3261770.	
TO FORM 990, PART VII, LINE 103				-3681711.	

FORM 990 PART IX STATEMENT 10
INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME, ADDRESS & ID NUMBER OF CORP OR PARTNERSHIP	PCT OWN	NATURE OF BUSINESS	TOTAL INCOME	END-OF-YEAR ASSETS
DELPHI ENTERPRISES, INC., 1120 19TH ST NW STE 610, WASHINGTON, DC 20036 EIN# 52-2045809	100.00%	FAMILY PLANNING AND HEALTH ACTIVITIES		
DKT DO BRASIL	99.00%	FAMILY PLANNING AND HEALTH ACTIVITIES	6288072.	2222612.
DKT PHILIPPINES, INC.	100.00%	FAMILY PLANNING AND HEALTH ACTIVITIES	6232736.	3215395.
DKT DE MEXICO SA DE CV		FAMILY PLANNING AND HEALTH ACTIVITIES	357402.	232469.

SCHEDULE A — STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 — STATEMENT 11

PART III 2D - CONSULTING FEES PAID TO DIRECTOR TIM BLACK - $28,392
PART III 2D - CONSULTING FEES PAID TO DIRECTOR ROBERT CISZEWSKI - $12,000
PART III 2D - OFFICER'S SALARY PAID TO PRESIDENT PHILIP D. HARVEY - $50,000
PART III 2B - LINE OF CREDIT FOR OPERATING PURPOSES

SCHEDULE A — EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3 — STATEMENT 12

CONTRIBUTIONS ARE MADE TO ORGANIZATIONS WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES

[redacted]

Form **8868**

(December 2000)

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)

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

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

Note *Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only* ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns
Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer Identification number
	DKT INTERNATIONAL, INC.	58-1593137
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions	
	C/O D. FRANKSTONE, P.O. DRAWER 2869	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	CHAPEL HILL, NC 27515-2869	

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

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

- 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 will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15 , 20 03 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [X] calendar year 20 02 or

▶ [ ] tax year beginning ________ , 20 ____ , and ending ________ , 20 ____

2 If this tax year 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 **$** 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit **$**

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions **$** 0 00

Signature and Verification

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

Signature ▶ Linda L Coleman Title ▶ CPA Date 05/15/2003

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

ISA
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