Docusign Envelope ID: 9C50BCAF-7AA1-410E-A7A4-8279B25631DB

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047 Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Open to Public Inspection Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending B Check If D Employer identification number C Name of organization Address DET INTERNATIONAL, INC. Name 58-1593137 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final (202) 223-8780 1001 CONNECTICUT AVENUE, NW 800

pending SAME AS C ABOVE H(b) Are all subor I Tax-exempt status: X 601(c)(3) 501(c)((insert no.) 4947(a)(1) or 527 J Website: WW, DKTINTERNATIONAL, ORG H(c) Group ex H(c) Group ex K Form of organization: X Corporation Trust Association Other L Year of formation; 194 Part I Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its 3 Number of individuals employed in calendar year 2023 (Part VI, line 1b) 5 5 Total number of olunteers (estimate if necessary) 7, 279 7 Total number of olunteers (estimate if necessary) 9, 023 9 Program service revenue (Part VIII, line 1b) Prior Year 4 Contributions and grants (Part VIII, line 2g) 7, 279 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9, 023 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 93, 097 12 Total number of noliniduals employee benefits (Part IX, column (A), line 43) <th>\$</th> <th>318,567,871.</th>	\$	318,567,871.
Image: Perform perform F Name and address of principal officer: CHRIBTOPHER H. PURDY for subort I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 J Website: WWW.DKTINTERNATIONAL.ORG H(c) Group ex H(c) Group ex Yeart I Summary L Year of formation: 19 Part I Summary L Year of formation: 19 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE AND HIV/AIDS PREVENTION. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 6 Total number of volumeters (estimate if necessary) 7, a Total number of volumeters (estimate if necessary) 7, 279 7 Total number of volumn (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 9, 023 9, 023 10 Investment income (Part VIII, column (A), lines 5, 3, 4, and 7d) 9, 023, 937 9, 203, 937 12 Total revenue - a	roup retun	n
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1 Tax-exempt status: X 601(c)(3) 601(c) () (insert no.) 4947(a)(1) or 527 H(c) Group ex 1 Website: WW.DKTINTERNATIONAL, ORG H(c) Group ex K Form of organization: X Corporation Trust Association Other L Year of formation; 191 Part II Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE AND operations FOR FAMILY PLANNING AND HIV/AIDS PREVENTION. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its 3 Number of volunteers of the governing body (Part VI, line 1a) 4 4 Number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 7, a Total number of volunteers (estimate if necessary) 7, a 7279 7 a Contributions and grants (Part VIII, line 2g) 7, 279 10 Investment income (Part VIII, line 2g) 7, 279 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9, 023 9, 023 11 10 there revenue (Part VIII, column (A), lines 1-3) 14 46, 975 15, 246, 920 53, 226 12 Total number as through 11 (must equal Part VII, column (A), line 12) 156, 175 13	dinates includ	led? Yes No
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,001 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 156,175 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 14 Benefits paid to or for members (Part IX, column (A), line 4) 53,296 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 53,296 16a Professional fundraising fees (Part IX, column (A), line 11e) 53,296 17 Other expenses (Part IX, column (D), line 25) 702,571. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 86,930 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 140,226 19 Revenue less expenses. Subtract line 18 from line 12 15,948 20 Total assets (Part X, line 16) 323,092	,177.	8,027,900.
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19 Revenue less expenses. Subtract line 18 from line 12 15,948 58 Beginning of Currer 323,092 323,092	,956.	153,102,431.
हिंहू हिंहू 20 Total assets (Part X, line 16) अन्य नगर के कि	,298.	20,287,369.
쓿렦 20 Total assets (Part X, line 16)	t Year	End of Year
00	,661.	341,855,052,
21 Total liabilities (Part X, line 26)	,284.	101,210,662.
222,586	,377.	240,644,390.
Part II Signature Block		¥ 1

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 CHRISTOPHER H. PURDY, PRESIDENT & CEO Type or print name and title		Date		
Paid	Dit till a supervise de supervi	Date 9/24/20	24 if self-employe	PTIN d P00847851	
Preparer	Firm's name GRANT THORNTON ADVISORS LLC		Firm's EIN S	9-1856619	
Use Only	Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209		Phone no. (703	847-7500	
May the I	RS discuss this return with the preparer shown above? See instructions			VV	No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule O contains a response or note to any line in this Part III		1	_
			X
Briefly describe the organization's mission:			
TO PROVIDE COUPLES WITH AFFORDABLE AND SAFE OPTIONS FOR FAMILY			
PLANNING AND HIV/AIDS PREVENTION THROUGH DYNAMIC SOCIAL MARKETING.			
Did the organization undertake any significant program services during the year which were not listed on the			
		Yes X	No
If "Yes," describe these changes on Schedule O.			
	rs, the total e	expenses, and	
	nue \$	114,105,58	0.
UNWANTED PREGNANCIES, 16.9 MILLION UNSAFE ABORTIONS AND 33,000 MATERNAL			
DEATHS.			
DKT SOCIALLY MARKETS A RANGE OF CONTRACEPTIVE PRODUCTS INCLUDING			
BROADLY. (SEE SCHEDULE O)			
, (, (,,,, (
(Code:) (Expenses \$ including grants of \$) (Rever	nue \$		
)	
		/	
		Form 990 (2	202
12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)		·	
	PLANNING AND HIV/AIDS PREVENTION THROUGH DYNAMIC SOCIAL MARKETING. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule O. Dd the organization cases conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe these changes on Schedule O. Describe the organization service reported. (code:) (comers 147,634,477.) (noted program service expended.) (noted program service program services program services, as Section 501(c)(3) and 501(c)(4) organization services NET NET NET NET NEW NEWLES.) (noted program service program service program services of services	PLANNING AND HIV/AIDS PREVENTION THROUGH DYNAMIC SOCIAL MARKETING. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22 If 'Yes,' describe these new services on Schedule O. Describe the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by Sectors 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by Sectors 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by Sectors 501(c)(3) and 501(c)(4) organizations are required to report. DKT IS ONE OF THE LANGEST PRIVATE PROVIDERS OF PAMILY PLANNING AND REPROVENTYE HEALTH PROUCTS AND SERVICES IN THE DEVELOFING WORLD, SERVING 64, INLLION COUNTS AND SERVICES IN THE DEVELOFING WORLD, DEARTHS. DKT SOCIALLY MARKETS A RANGE OF CONTRACEPTIVE PRODUCTS INCLUDING CONTONE, ORAL CONTRACEPTIVE FILLS, AND LANGER LASTING METHODS LIKE IMPLOYES THE VALIABLELITY, AND APPORABELITY OF MORENN CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS BROADLY, (SEE SCHEDULE 0) (Code) (Expenses 5) (Revenue 5) (Revenue 5)) <td>PLANNING AND HIV/AIDS PERVENTION THEODERI DYNAMIC SOCIAL MARKETING. Did the organization undertake any significant program services during the year which were not listed on the prof Form 900 or 900.E27</td>	PLANNING AND HIV/AIDS PERVENTION THEODERI DYNAMIC SOCIAL MARKETING. Did the organization undertake any significant program services during the year which were not listed on the prof Form 900 or 900.E27

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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)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b 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 х 11c 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 x 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 332003 12-21-23

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Form	990	(2023)

DKT INTERNATIONAL, INC.

Par	t IV Checklist of Required Schedules (continued)			ugo -
	l (ontindod)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	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 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
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	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38 The second s			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
20000		Form	<u> </u>	(2022)
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Form	990 (2023) DKT INTERNATIONAL, INC. 58-159313	7	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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" to line 3b, provide an explanation on 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 countrySEE_SCHEDULE_O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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 as charitable contributions?	<u>6a</u>		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).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	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			
е	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	-		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
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	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
			5	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing				
Ŀ	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	4	1		
a o	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b			
2					x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				
3	of officers, directors, trustees, or key employees to a management company or other person?	•			x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		·····		X
6	Did the organization become aware during the year of a significant arteriol of the organization of ass				x
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
74	more members of the governing body?				x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?				x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
a	The governing body?			x	
b	Each committee with authority to act on behalf of the governing body?			х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-				
		<u>vonuo oouo.</u> ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
b		Ū			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с					
	on Schedule O how this was done	<i>,</i>	12c	х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by independ	dent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15 a	х	
b	Other officers or key employees of the organization		15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a			
	taxable entity during the year?		16a	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participa	ation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
_	exempt status with respect to such arrangements?		16b	Х	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filedNONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (sect	tion 501(c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain		,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of intere	est policy, and finar	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and record	ds		
20					
20	KERI STOCKLAND - (202) 223-8780 1001 CONNECTICUT AVENUE, NW, NO. 800, WASHINGTON, DC 20036				

Form 990 (2023) DKT INTERNATIONAL, INC.	58-1593137	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	ete this table for all persons required to be listed. Report compensation for the calendar year endir Il of the organization's current officers, directors, trustees (whether individuals or organizations), i	5 5	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A) Name and title	(B) Average hours per		not c	Pos heck) than o s both	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated sn_t/. employee	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
<pre>(1) CHRISTOPHER H. PURDY PRES/CEO/DIR; CHAIRMAN THRU 4/2023</pre>	40.00	x		x		777,616.	45,090.	401,429.
(2) HYAM BOLANDE	24.00					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	43,090.	401,425.
PROGRAM MANAGER	12.00				x	604,408.	0.	36,102.
(3) DANIEL MARUN	40.00						••	
CHIEF OPERATING OFFICER	0.00	1		x		495,616.	0.	44,099.
(4) JUAN GARCIA	40.00						·	,
PROGRAM MANAGER THRU 9/2023	0.00	1			x	513,224.	0.	24,447.
(5) MARIO FLORES	40.00					, ,		/
PROGRAM MANAGER	0.00	1			x	405,552.	0.	32,966.
(6) JEAN CHRISTOPHE CARRAU	40.00							,
PROGRAM MANAGER	0.00	1			x	399,802.	0.	12,650.
(7) DAWAR WARAICH	40.00							
PROGRAM MANAGER	0.00	1			x	374,834.	0.	21,492.
(8) KERI STOCKLAND	40.00							
CHIEF FINANCIAL OFFICER	0.00			х		300,699.	0.	34,813.
(9) JULIE STEWART	0.25							
DIRECTOR; CHAIRMAN FROM 4/2023	0.00	х		х		0.	0.	0.
(10) ROBERT L. CISZEWSKI	0.25							
VICE PRESIDENT THRU 4/2023	0.00	Х		х		٥.	0.	0.
(11) CARLOS GARCIA	0.25							
DIRECTOR	0.00	Х				0.	0.	0.
(12) KAREN PAK OPPENHEIMER	0.25							
DIRECTOR FROM 5/2023	0.00	Х				0.	0.	0.
(13) MATHEW REEVES	0.25							
DIRECTOR	0.00	Х				0.	0.	0.
332007 12-21-23								Form 990 (2023)

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332007 12-21-23

Form 990 (2023)

	ITERNATIONAL, INC.								58-15	93137		Pa	age 8
Part VII Section A. Officers, Directo	ors, Trustees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n J	an	(F) timate nount c other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr orga and	pensat om the anization d relate anization	e on ed
		_											
								3,871,751.	45	090.		607,9	998
1b Subtotal c Total from continuation sheets to								0.		0.		,-	0.
d Total (add lines 1b and 1c)								3,871,751.	,	090.		607,9	998.
2 Total number of individuals (includ compensation from the organization		ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			27
												Yes	No
3 Did the organization list any forme				•	-		Ŭ						77
line 1a? If "Yes," complete ScheduFor any individual listed on line 1a,										···· -	3	_	X
and related organizations greater t										[4	х	
5 Did any person listed on line 1a re											_		v
rendered to the organization? <i>If</i> "Y Section B. Independent Contractors	<u> /es, " complete Schedul</u>	e J fo	or su	ich r	bers	on .				<u></u>	5		X
1 Complete this table for your five hi	ighest compensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	pensatio	on frc	m	
the organization. Report compens		ear e	ndin	ig w	ith c	or wit	hin: T		ear.				
Name and	(A) business address							(B) Description of s	ervices	Co	(C omper	,) nsatior	ı
GRANT THORNTON LLP, 3333 FINLE													
700, DOWNERS GROVE, IL 60515-1 SOURCEFIT INC, 1888 KALAKAUA A							-	AUDITING AND TAX S	ERVICES			366,9	<i>9</i> 99.
C312, HONOLULU, HI 96815	VE. SUIL						4	ACCOUNTING SERVICE	S			168,5	521.
NAS CONSULTING LLC DBA PEOPLE	WISE HR												
12317 QUIET OWL LANE, BOWIE, M	4D 20720						_	CONSULTING SERVICE	S			102,2	200.
2 Total number of independent cont	ractors (including but n	ot lin	niter	tot	thos	e list	ted	above) who received mo	ore than				
\$100,000 of compensation from th						3							
											Form (990 (2	0023/

ait	t VIII	Statement of Rev	ven	ue						
		Check if Schedule O c	conta	ains a respo	nse	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclue
								function revenue	business revenue	from tax und sections 512 -
S	1 a	Federated campaigns		1a						
unt		Membership dues								
8 E		Fundraising events								
ar A		Related organizations								
mil		Government grants (contri				20,033,575.				
ŝ		All other contributions, gifts,								
the		similar amounts not included	abov	re 1f		30,810,567.				
and Other Similar Amounts	g	Noncash contributions included in I	lines 1	a-1f 1g \$		1,000,000.				
an	h	Total. Add lines 1a-1f					50,844,142.			
						Business Code				
	2 a	HEALTH CENTER FEES				900099	7,126,990.	7,126,990.		
e	b									
Revenue	С									
Be	d									
	e	All - 44								
		All other program service					7,126,990.			
+	<u> </u>	Total. Add lines 2a-2f Investment income (includ					7,120,550.			
	3	other similar amounts)	0	,		<i>'</i>	2,585,671.			2,585,6
	4	Income from investment o								
	5	Royalties		•	•	1				
	-	···· j -·····		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of		(i) Securit	es	(ii) Other				
		assets other than inventory	7a	26,815,9	86.	1,673,541.				
	b	Less: cost or other basis								
anija		and sales expenses		21,767,1						
		Gain or (loss)		5,048,8			5 440 000			F 440 0
		Net gain or (loss)					5,442,229.			5,442,2
	8 a	Gross income from fundraisir including \$								
, 		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from								
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gami	ing activities	·					
1	10 a	Gross sales of inventory, le								
		and allowances				229,109,363.				
		Less: cost of goods sold			<u> </u>	122,130,773.	106 070 500	106 070 500		
+	С	Net income or (loss) from	sales	s of inventor	у	During Out	106,978,590.	106,978,590.		
		OTHER INCOME				Business Code	300 713			200 7
en		OTHER INCOME ADMINISTRATION FEES				900099 900099	309,713. 102,465.			309,7
ven	b					500055	102,403.			102,4
Revenue	c d				_					
		All other revenue Total. Add lines 11a-11d				L	412,178.			
							,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,			

12031002 153424 0200539-00001

9 2023.04030 DKT INTERNATIONAL, INC. 02005391

DKT INTERNATIONAL, INC. Form 990 (2023) DKT INTERNATIONAL,
Part IX Statement of Functional Expenses

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	b include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<i>b, 9b, and 10b of Part VIII.</i> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	2,050,566.		1,996,633.	53,933
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	44,595,753.	43,440,990.	675,726.	479,037
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	700,462.	527,717.	163,768.	8,977
	Other employee benefits	6,272,843.	5,970,666.	272,204.	29,973
	Payroll taxes	3,349,713.	3,219,583.	116,621.	13,509
	Fees for services (nonemployees):				
а	Management				
	Legal	1,010,376.	995,091.	15,285.	
	Accounting	1,381,949.	753,671.	628,278.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	13,656,169.	13,310,101.	228,926.	117,142
2	Advertising and promotion	35,511,109.	35,511,109.		
	Office expenses	3,072,578.	2,940,050.	132,528.	
	Information technology	1,610,500.	1,581,945.	28,555.	
	Royalties				
	Occupancy	9,466,132.	9,230,400.	235,732.	
7	Travel	9,941,498.	9,773,387.	168,111.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,432,547.	3,421,806.	10,741.	
0	Interest	1,432,550.	1,432,550.		
1	Payments to affiliates				
	Depreciation, depletion, and amortization	2,098,944.	2,082,930.	16,014.	
3	Insurance				
i	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	LICENSES AND TAXES	7,508,320.	7,508,038.	282.	
	PROGRAM SUPPORT	2,326,981.	2,324,329.	2,652.	
	BAD DEBT	673,916.	673,916.		
	REPAIRS AND MAINTENANCE	611,909.	611,909.		
· ·	All other expenses	2,397,616.	2,384,289.	13,327.	
	Total functional expenses. Add lines 1 through 24e	153,102,431.	147,694,477.	4,705,383.	702,571
	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

332010 12-21-23

Check here

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

10 2023.04030 DKT INTERNATIONAL, INC.

Form 990 (2023)

DKT INTERNATIONAL, INC.

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	74,842,270.	1	69,140,21
2	Savings and temporary cash investments	2,437,300.	2	3,758,294
3	Pledges and grants receivable, net	4,017,312.	3	4,381,95
4	Accounts receivable, net	46,187,865.	4	49,340,41
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	57,006,663.	8	67,728,27
9	Prepaid expenses and deferred charges	16,170,112.	9	14,350,54
	a Land, buildings, and equipment: cost or other	· ·	_	
	basis. Complete Part VI of Schedule D 19,434,679.			
k	10,000,007	9,437,083.	10c	7,404,98
11	Investments - publicly traded securities	, , ,	11	, ,
2	Investments - other securities. See Part IV, line 11	100,912,757.	12	114,532,10
3	Investments - program-related. See Part IV, line 11	, ,	13	, ,
4	Intangible assets		14	
5	Other assets. See Part IV, line 11	12,081,299.	15	11,218,20
6	Total assets. Add lines 1 through 15 (must equal line 33)	323,092,661.	16	341,855,0
17	Accounts payable and accrued expenses	86,672,565.	17	88,580,3
8	Grants payable		18	
9	Deferred revenue	9,060,156.	19	7,264,8
20	Tax-exempt bond liabilities		20	
21	Francisco en estado de la construcción de la Construcción de la Construcción de la Construcción de la Constru		21	
22	Loans and other payables to any current or former officer, director,		21	
~	trustee, key employee, creator or founder, substantial contributor, or 35%			
			22	
22	Controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		22	
23 24		4,295,133.	23 24	5,193,1
	Unsecured notes and loans payable to unrelated third parties	1,250,100.	24	5,195,1
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		478,430.	25	172,35
26	of Schedule D	100,506,284.	25 26	101,210,60
20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	100,300,204.	20	101,210,0
7	and complete lines 27, 28, 32, and 33.	211,226,856.	27	228,461,6
27	Net assets without donor restrictions	11,359,521.		12,182,7
28	Net assets with donor restrictions	11,335,321.	28	12,102,72
	Organizations that do not follow FASB ASC 958, check here			
~	and complete lines 29 through 33.		00	
29	Capital stock or trust principal, or current funds		29	
80	Paid-in or capital surplus, or land, building, or equipment fund		30	
81	Retained earnings, endowment, accumulated income, or other funds		31	240 644 20
32	Total net assets or fund balances	222,586,377.	32	240,644,39
33	Total liabilities and net assets/fund balances		323,092,661.	

Form 990 (2023)

332011 12-21-23

Form	990 (2023) DKT INTERNATIONAL, INC.	58-159313	7	Pad	_{qe} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
	· · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	173,	389,	800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,	102,	431.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,287,369		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	222,	586,	377.
5	Net unrealized gains (losses) on investments	5	11,	176,	583.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-13,	405,	939.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	240,	644,	390.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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 on Schedule O.				
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organizat	ion
-----------------------	-----

Name of t	the organization		_				Employer	identification number
		TERNATIONAL, IN						58-1593137
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	-					e general r	oublic described in
•	section 170(b)(1)(A)(vi). (C			onna gove	innontai		e general i	
8	A community trust describe		1)(A)(vi) (Complete Par	• 11 \				
9					nd in coni	unction with a	and grant	collogo
9	An agricultural research org							
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of i	the college	or
	university:							
10 X	An organization that norma							
	activities related to its exem							-
	income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
	See section 509(a)(2). (Con							
11	An organization organized a			2				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
	_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b 🗌	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ring
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
c 🗌	Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functionall	y integrate	d with,
	its supported organization	n(s) (see instructions	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ed organiz	zation(s)
	that is not functionally int						-	
	requirement (see instructi	0	c	•				
e	Check this box if the orga	,	•	-			. Type III	
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , po	
f Ente	er the number of supported of	vaganizationa	, , , , , , , , , , , , , , , , , , , ,	0 0				
	vide the following information	•	d organization(s)					
-	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see in	structions)	support (see instructions)
			above (see instructions))	163				
Total								

		KT INTERNATION				58-1593137	⁷ Page 2
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you checked			•	n failed to qualify	under Part III. If the org	ganization
_	fails to qualify under the tests	listed below, pleas	e complete Part	: III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		ns)			12	
	First 5 years. If the Form 990 is for th	•	,			· · · · ·	
	organization, check this box and stor	-			-		
See	ction C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c					nore, check this box a	nd
	stop here. The organization qualifies						
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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		• •				
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	-	the organization	
h	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

DKT INTERNATIONAL, INC.

Schedule A (Form 990) 2023

58-1593137

332022 12-21-23

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

(Complete only if you checked the box on line 10 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) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 60,743,190 66,904,626 54,890,385 46,775,719. 50,844,142 280,158,062. 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 162,657,141. 167,697,562. 193,978,854. 219,995,329. 236,236,353. 980,565,239. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization'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 223,400,331. 234,602,188. 248,869,239. 266,771,048. 287,080,495, 1260723301. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 20,885,618 20,699,973 12,532,999 8,877,297. 12,670,534 75,666,421. 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 8,877,297 c Add lines 7a and 7b 20,885,618 20,699,973 12,532,999 12,670,534 75,666,421, 1185056880. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 223,400,331 234,602,188 248,869,239 266,771,048 287,080,495 1260723301. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,499,176. 2,039,587 1,755,252. 2,153,151. 2,585,671. 11,032,837. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,499,176. 2,039,587 1,755,252 2,585,671 2,153,151. 11,032,837. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 942,756 991,836, 1,210,568 1,328,311, 412,178, 4,885,649. assets (Explain in Part VI.) 226,842,263. 237,633,611. 251,835,059. 270,252,510. 290,078,344. 1276641787. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 92.83 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 91.43 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage .86 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 .99 18 19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 15

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2023.04030 DKT INTERNATIONAL, INC.

%

%

%

%

X

0.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes

1

2

No

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

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the	supporting orga	nızatıon.
Section C. Ty	pe II Support	ting Organiza	ations

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌] The organization supported a governmental entity	Describe in Part VI how	you supported a g	overnmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-------------------	--------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2023 DKT INTERNATIONAL, INC.			58-1593137	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.		
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see	
	instructions).			,	

Schedule A (Form 990) 2023

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e Excess from 2023

Schedule A (Form 990) 2023

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

2

ΚТ	INTERNATIONAL,	INC.
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1 Amounts paid to supported organizations to accomplish exempt purposes

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Current Year

1

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

2019 AMOUNT: \$	942,756.	
2020 AMOUNT: \$	991,836.	
2021 AMOUNT: \$	1,210,568.	
2022 AMOUNT: \$	1,328,311.	
2023 AMOUNT: \$	412,178.	
332028 12-21-23	Schedule A (Form 990) 2	202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

58-1593137

DKT INTERNATIONAL, INC.

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

Schedule B

Department of the Treasury

Organization type (check one)

Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	B (Form 990) (2023)		Page 2
Name of or	rganization	E	mployer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,098,81	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,330,71	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>3</u>	Name, address, and ZIP + 4	Total contributions \$7,270,53	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$4,400,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$4,000,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$3,083,72	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page
Name of o	rganization	E	mployer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,000,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,587,79	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,430,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,376,28	3. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
DKT INTE	ERNATIONAL, INC.		58-1593137
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
23453 12-26	3-23		Schedule B (Form 990) (2023

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Schedule I	B (Form 990) (2023)				Page 4	
Name of o	rganization				Employer identification number	
DKT INTE	RNATIONAL, INC.				58-1593137	
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following charitable, etc., contributions of \$1,0	line entry. For ord	anizations		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
		(e) Transfer	of gift			
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
Part I						
-						
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
-	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	insferor to transferee	
		-				
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
Part I						
-						
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee	
		·				
323454 12-26	3-23				Schedule B (Form 990) (2023)	

Schedule B (Form 990) (2023)

25 2023.04030 DKT INTERNATIONAL, INC. 02005391

		0t			OMB No. 1545-0047
	HEDULE D		al Financial Statements		
(Forr	n 990)		nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury	Α	ttach to Form 990.		Open to Public Inspection
-	e of the organization		0 for instructions and the latest information.		r identification number
	-	DKT INTERNATIONAL, INC.			58-1593137
Pa			d Funds or Other Similar Funds or A	Accounts.	Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin	ie 6.		
			(a) Donor advised funds	(b) Funds a	nd other accounts
1		l of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	•		writing that the assets held in donor advised fu		
6			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used r donor advisor, or for any other purpose confe		
	impermissible privat		r donor advisor, or for any other purpose come	5	Yes No
Pa			ganization answered "Yes" on Form 990, Part I		
1		rvation easements held by the organization		,	
	Preservation of	of land for public use (for example, recrea	tion or education) Preservation of a his	storically impo	ortant land area
	Protection of	natural habitat	Preservation of a ce	rtified historic	structure
	Preservation of	of open space			
2	Complete lines 2a th	nrough 2d if the organization held a quali	fied conservation contribution in the form of a d	conservation e	easement on the last
	day of the tax year.			Held	at the End of the Tax Year
а	Total number of con	servation easements		2a	
b	Total acreage restric	cted by conservation easements		2b	
С		ation easements on a certified historic stru		. <u>2c</u>	
d		ation easements included on line 2c acqu			
•					
3		ation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	inization durin	g the tax
4	year	 here property subject to conservation eas	sement is located		
5			iodic monitoring, inspection, handling of		
•		rcement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conserva		• • • • •
					0 9
7	Amount of expenses	 s incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	easements du	ring the year
8	Does each conserva	ation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B	i)(i)	
	and section 170(h)(4				Yes No
9		•	on easements in its revenue and expense state		
			note to the organization's financial statements	that describes	sthe
Dai		unting for conservation easements.	Art, Historical Treasures, or Other	Similar As	cote
Iu		he organization answered "Yes" on Form			
12			8, not to report in its revenue statement and b	alance sheet y	Norks
14	•	· •	blic exhibition, education, or research in further		
		•	ncial statements that describes these items.		-
b	•		8, to report in its revenue statement and balan	ce sheet worl	(s of
	-		exhibition, education, or research in furtheran		
		g amounts relating to these items.			
	(i) Revenue include	ed on Form 990, Part VIII, line 1		\$	
2	If the organization re	eceived or held works of art, historical tre	asures, or other similar assets for financial gair	ı, provide	
	the following amoun	ts required to be reported under FASB A	SC 958 relating to these items:		

а	Revenue included on Form 990, Part VIII, line 1	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

02005391

\$ \$

2023.04030 DKT INTERNATIONAL, INC.

26

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Sche		ATIONAL, INC.						58-159		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	cal Treas	sures, or	Other S	Similar	· Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	y of the follo	owing that r	nake sigr	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 Loa	n or exchar	nge progran	n					
b	Scholarly research	e	e 🗌 Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther the c	organization	ı's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histori	ical treasure	es, or other	similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	-	te if the orga	anization ar	nswered "Ye	es" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	e:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F						?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if						N Throo y	aara baak	(-) [haali
		(a) Current year	(b) Prior	year (c) Two years	DACK (C	i) illiee y	ears back	(e) Fou	years	DACK
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
т	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			biumn (a)) n	eld as:						
a L	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	<u>%</u>									
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are		administara	d far tha					
Ja	Are there endowment funds not in the posse	ssion of the organiza	alion that are		auministere				1	Yes	No
	organization by:								3a(i)		
	(i) Unrelated organizations?(ii) Related organizations?								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations?	ations listed as requir							3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm			0.							
	Complete if the organization answere), Part IV, lin	e 11a. See	Form 990, I	Part X, lir	ne 10.				
	Description of property	(a) Cost or o		(b) Cost or			umulate	h	(d) Boo	k valu	
	Description of property	basis (investr		basis (otl			eciation		(u) 000	it value	2
19	Land	``	,		88,751.				3	088,	751.
b	Buildings				04,826.		224,3	335.	-		491.
	Leasehold improvements				83,016.	:	1,606,			576,	
d	Equipment				08,648.		9,132,0		3	276,	
	Other			-	49,438.		1,066,'			382,	
	. Add lines 1a through 1e. (Column (d) must e		V line 10c		,				7	404,	
		quari uni 330, Fall			,			<u> </u>		/	

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITIES AND MUTUAL FUNDS	111,848,184.	END-OF-YEAR MARKET VALUE
(B) JOINT VENTURES	2,683,921.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	114,532,105.	

Part VIII Investments - Program Related.

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

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

Part IX **Other Assets**

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

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CONTRACT LIABILITIES	172,350.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	172,350.

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

X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 DKT INTERNATIONAL, INC.		58-1593137	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	à.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expens	es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ì.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information			

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS UNDER FIN 48

DKT INTERNATIONAL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

332054 09-28-23

SCHEDULE F	Stateme	ites 📙	OMB No. 1545-0047			
(Form 990)			うりうう			
(Complete il the	o ganzation a	nswered "Yes" on Form 990, Part IV, Attach to Form 990.	inie 140, 10, 0		Ζυζυ
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
Name of the organization					Employer ic	lentification number
DKT INTERNATIONAL, IN	IC				58-15931	37
		ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part				ete il the organ		
		n maintain recor	ds to substantiate the amount of its gra	nts and other a	assistance.	
-	-		the selection criteria used to award the			Yes No
0 0 ,	Ū	,		0		·
2 For grantmakers. De	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	outside the
United States.						
3 Activities per Region.	(The following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of		j, j		vity listed in (d	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regio	investments
		in the region	recipients located in the region)	UI SEIVICE	(s) in the regio	in the region
CENTRAL AMERICA AND			SALES AND DISTRIBUTION OF			
THE CARIBBEAN	3	0	FAMILY PLANNING PRODUCTS	PROGRAM SEF	RVICES	166,291.
EAST ASIA AND THE			SALES AND DISTRIBUTION OF			
PACIFIC	16	429	FAMILY PLANNING PRODUCTS	PROGRAM SEF	RVICES	115,270,553.
EUROPE (INCLUDING			SALES AND DISTRIBUTION OF		WI GRO	04 700 000
ICELAND & GREENLAND)	4	33	FAMILY PLANNING PRODUCTS	PROGRAM SEF	RVICES	24,708,283.
MIDDLE EAST AND			SALES AND DISTRIBUTION OF			
NORTH AFRICA	4	80	FAMILY PLANNING PRODUCTS	PROGRAM SEF	NTCES	5 333 805
	4	80	FAMILI PLANNING PRODUCIS	PROGRAM SEP	(VICES	5,333,805.
			SALES AND DISTRIBUTION OF			
NORTH AMERICA	4	218	FAMILY PLANNING PRODUCTS	PROGRAM SEF	NTCES	37,764,566.
		210				37,704,500.
			SALES AND DISTRIBUTION OF			
SOUTH AMERICA	12	92	FAMILY PLANNING PRODUCTS	PROGRAM SEF	VICES	34,863,516.
			SALES AND DISTRIBUTION OF			
SOUTH ASIA	6	1137	FAMILY PLANNING PRODUCTS	PROGRAM SEF	VICES	28,812,270.
						, , ,

SALES AND DISTRIBUTION OF

FAMILY PLANNING PRODUCTS

16

65

0

65

976

2965

2965

0

Schedule F (Form 990) 2023

78,302,439.

325,221,723.

70,902,158.

396,123,881.

OMB No. 1545-0047

LHA 332071 11-29-23

and 3b)

SUB-SAHARAN AFRICA

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

PROGRAM SERVICES

			• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE					
PACIFIC			INVESTMENT IN AFFILIATES		24,842,625
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENT IN AFFILIATES		4,127,539
-					
MIDDLE EAST AND NORTH AFRICA			INVESTMENT IN AFFILIATES		-1,953,832
NORTH AMERICA			INVESTMENT IN AFFILIATES		836,970
SOUTH AMERICA			INVESTMENT IN AFFILIATES		1,595,876
SOUTH ASIA			INVESTMENT IN AFFILIATES		9,005,690
					5,000,000
SUB-SAHARAN AFRICA			INVESTMENT IN AFFILIATES		32,447,290
					52,117,250
Totals					70,902,158

332181 04-01-23 Schedule F (Form 990) 2023

(a) Name of organization

1

32

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

3 Enter total number of other organizations or entities

(d) Purpose of

grant

DKT INTERNATIONAL, INC.

(c) Region

(b) IRS code section

and EIN (if applicable)

(i) Method of

valuation (book, FMV,

appraisal, other)

(f) Manner of

of cash grant cash disbursement

(e) Amount

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

(b) Region

33

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

(d) Amount of

cash grant

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(f) Amount of

noncash assistance (g) Description of

noncash assistance

(e) Manner of

cash disbursement

Schedule F (Form 990) 2023

(h) Method of valuation (book, FMV, appraisal, other)

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 the Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	X Yes	No 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

332074 11-29-23

Part V Supplemental Information

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

PART I, LINE 3:

METHOD OF ACCOUNTING

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

DKT IS AN INTERNATIONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF

COLUMBIA, BUT OPERATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES AROUND

THE WORLD. THE EXPENDITURES ON SCHEDULE F ARE REPORTED BASED ON FOREIGN

ACTIVITY PRIOR TO INTERCOMPANY ELIMINATIONS. THUS, THE EXPENDITURES ARE

GREATER THAN THAT PRESENTED ON PART IX OF FORM 990. SIMILARLY, THE

BALANCE OF INVESTMENTS IN FOREIGN SUBSIDIARIES IS ELIMINATED ON PART X OF

FORM 990, BUT DKT HAS REPORTED THE BALANCE ON SCHEDULE F IN ORDER TO

ENHANCE TRANSPARENCY OF FOREIGN ACTIVITIES TO THE READER.

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332075 11-29-23

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		OMB N	OMB No. 1545-0047		
				2			
Department of the Treasury		Attach to Form 990.		-	Open to Public Inspection		
Internal Revenue Service Name of the organization			Go to www.irs.gov/Form990 for instructions and the latest information.		nployer identification number		
DKT INTERNATIONAL, INC.					58-1593137		
Part I Questions Regarding Compensation							
		5 5 1			Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of t	he following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel	Housing allowance or residence for perso	naluse			
X Travel for co		panions	Payments for business use of personal res	sidence			
	X Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees	5			
		pending account	Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization foll	ow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above	? If "No," complete Part III to explain	11	x x		
2	Did the organization	require substantiation prior to reimbursing or a	allowing expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regard	ding the items checked on line 1a?		Х		
3	Indicate which, if an	y, of the following the organization used to esta	ablish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any bo	exes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain	in Part III.				
	X Compensation	committee	Written employment contract				
	Independent of	ompensation consultant	Compensation survey or study				
	X Form 990 of o	her organizations	Approval by the board or compensation c	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
	Receive a severance payment or change-of-control payment?						
	Participate in or receive payment from a supplemental nonqualified retirement plan?						
с	c Participate in or receive payment from an equity-based compensation arrangement?			>	X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_)(3), 501(c)(4), and 501(c)(29) organizations m					
5		n Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensatio	n 📔			
	contingent on the r			_	v		
a		ation?) ^		
~		r 5b, describe in Part III.	execution power country of the second s	_			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
~	contingent on the n					x	
						X	
α		ation?		61)		
7	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III				x		
~					~	+	
8	-	reported on Form 990, Part VII, paid or accrued					
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					X	
9				g			
F 1	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.					1 0000	
⊦or	Paperwork Reduct	on Act Notice, see the instructions for Form	99U.	Schedule J (Fo	orm 990	<i>i</i>) 2023	

LHA 332111 11-06-23

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) CHRISTOPHER H. PURDY	(i)	323,130.	454,229.	257.	358,880.	38,843.	1,175,339.	0.	
PRES/CEO/DIR; CHAIRMAN THRU 4/2023	(ii)	37,059.	8,031.	0.	3,706.	0.	48,796.	0.	
(2) HYAM BOLANDE	(i)	131,167.	417,685.	55,556.	13,117.	22,985.	640,510.	0.	
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DANIEL MARUN	(i)	183,306.	276,053.	36,257.	11,700.	32,399.	539,715.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(4) JUAN GARCIA	(i)	304,800.	172,388.	36,036.	9,871.	14,576.	537,671.	0.	
PROGRAM MANAGER THRU 9/2023	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MARIO FLORES	(i)	115,125.	220,881.	69,546.	11,513.	21,453.	438,518.	٥.	
PROGRAM MANAGER	(ii)	0.	0.	٥.	0.	٥.	0.	٥.	
(6) JEAN CHRISTOPHE CARRAU	(i)	126,500.	122,435.	150,867.	12,650.	٥.	412,452.	٥.	
PROGRAM MANAGER	(ii)	0.	0.	٥.	0.	٥.	0.	٥.	
(7) DAWAR WARAICH	(i)	119,000.	183,576.	72,258.	0.	21,492.	396,326.	٥.	
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	٥.	0.	٥.	
(8) KERI STOCKLAND	(i)	246,298.	54,311.	90.	25,270.	9,543.	335,512.	٥.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 1B:

HOME LEAVE IS IN ADDITION TO ANNUAL LEAVE, AND IS ALLOWED AFTER 24 MONTHS

(2 YEARS) OF EMPLOYMENT AND EACH TWO YEARS THEREAFTER FOR ELIGIBLE

INTERNATIONAL EMPLOYEES ONLY. THOSE EMPLOYEES WHO SERVE IN THE COUNTRY OF

WHICH THEY ARE CITIZENS ARE NOT ENTITLED TO HOME LEAVE. EVERY TWO YEARS DKT

WILL PROVIDE ROUNDTRIP COACH AIRFARE FOR THE EMPLOYEE AND MEMBERS OF

HIS/HER IMMEDIATE FAMILY TO THE HOME LEAVE DESTINATION OF THE EMPLOYEE'S

CHOICE. DKT GROSSES UP THE EMPLOYEES' PAYROLL TAXES PAID ON RELOCATION

EXPENSES. DKT ALSO PROVIDES HOUSING ALLOWANCE FOR SOME OVERSEAS EMPLOYEES.

PART I, LINES 4A-B:

PART I, LINE 4A:

JUAN GARCIA RECEIVED \$22,833 IN SEVERANCE PAYMENTS DURING 2023. THIS AMOUNT

IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

PART I, LINE 4B:

IN 2023, CHRISTOPHER H. PURDY, PRESIDENT & CEO, ACCRUED \$325,586 FROM HIS

PARTICIPATION IN A SUPPLEMENTAL, NONQUALIFIED 457(F) RETIREMENT PLAN. MR.

Page 3

Part III Supplemental Information

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

PURDY DID NOT VEST IN ANY AMOUNT OF HIS DEFERRED COMPENSATION IN 2023.

PART I, LINES 5 AND 7:

THE ORGANIZATION SET SALES, FUNDRAISING, CYP (OUR MAIN KPI), AND

REMITTANCE TARGETS FOR CERTAIN EMPLOYEES AND ORGANIZATIONALLY. IF THOSE

TARGETS ARE MET, THE CEO HAS THE DISCRETION TO AWARD CASH COLLECTIONS,

FUNDRAISING, CYP, AND REMITTANCE BONUSES TO THOSE ELIGIBLE EMPLOYEES.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Inspection

on Form 990, Part IV, lines 29 or 30.	
990.	

Department of the Treasury Internal Revenue Service

Part I

1

2

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer	identification	number

DKT INTERNATIONAL,	INC.				58-1593137
rt 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	r	(d) Method of determining noncash contribution amounts
Art - Works of art					
Art - Historical treasures					
Art - Fractional interests					

3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	1,000,000.	FMV
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 \ldots				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	
	-		-		Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it		
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for		
	exempt purposes for the entire holding period?	30a	Х
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		
	contributions?	32a	х
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023	DKT	INTERNATIONAL,	INC.
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT PROVIDED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

RECEIVED.

Part II

Schedule M (Form 990) 2023

58-1593137

Page **2**

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12031002 153424 0200539-00001

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-62	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
	DKT INTERNATIONAL, INC.	58-15	93137
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
DKT INTERNATIONAL,	INC. IS A NONPROFIT CORPORATION FOUNDED IN 1984 IN		
THE UNITED STATES	FOR THE PURPOSE OF DESIGNING AND IMPLEMENTING FAMILY		
PLANNING PROJECTS	IN DEVELOPING COUNTRIES. DKT INTERNATIONAL, INC. AND		
ITS AFFILIATES (CC	LLECTIVELY REFERRED TO AS DKT) DIRECT SOCIAL		
MARKETING PROGRAMS	MAINLY IN DEVELOPING COUNTRIES BUT HAVE ALSO		
EXPANDED TO SELL F	RODUCTS IN DEVELOPED COUNTRIES. DKT IS ONE OF THE		
WORLD'S LARGEST PF	OVIDERS OF FAMILY PLANNING, HIV/AIDS PREVENTION AND		
SAFE ABORTION PROD	UCTS AND SERVICES. ALL ACTIVITIES OF DKT ARE FUNDED		
PRIMARILY FROM PRO	DUCT SALES AND FROM GRANTS AND CONTRIBUTIONS.		
DKT IS AN INTERNAT	IONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF		
COLUMBIA, BUT OPER	ATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES		
AROUND THE WORLD.	THESE LEGAL SUBSIDIARIES CONDUCT THE PROGRAMMATIC		
FUNCTION OF DKT, I	NCLUDING THE DISTRIBUTION OF CONTRACEPTION PRODUCTS.		
DKT INTERNATIONAL,	THE U.S. HEADQUARTERS IS THE PRIMARY FUNDING AGENCY		
OF ALL THE SUBSIDI	ARIES, AND REPORTING JUST THE OPERATIONS OF DKT		
INTERNATIONAL INC.	DOES NOT GIVE THE READER OR THE IRS A FULL PICTURE		
OF THE ACTIVITIES	OF THE ORGANIZATION. DKT HAS CHOSEN TO REPORT THE		
COMPLETE ACTIVITIE	S OF DKT, INCLUDING THE OPERATIONS OF ITS MANY LEGAL		
SUBSIDIARY CORPORA	TIONS IN ORDER TO ENHANCE TRANSPARENCY TO THE READER.		
IF REPORTED ON AN	UNCONSOLIDATED BASIS, THE U.S. HEADQUARTERS WOULD		
REPORT REVENUE OF	\$63.0 MILLION, COMPRISED MOSTLY FROM CONTRIBUTIONS		
WITH EXPENSES OF \$	46.1 MILLION. CONSIDERING THE ACTIVITIES ONLY OF THE		
	, THE PUBLIC SUPPORT PERCENTAGE CONTINUES TO BE ABOVE		
For Paperwork Reduct	ion Act Notice, see the Instructions for Form 990 or 990-EZ.	Scheo	lule O (Form 990) 2023
	42		

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2023.04030 DKT INTERNATIONAL, INC. 02005391

THE REQUIRED MINIMUM OF 33 1/3% AS REQUIRED BY IRC 509(A)(2).
FORM 990, PART I, LINE 5:
NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR
THE TOTAL NUMBER OF U.S. CITIZENS RECEIVING FORMS W-2 IS 28 AND THE
TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT U.S. CITIZENS NOT RECEIVING
FORMS W-2 ARE 2,628. THEREFORE, THE TOTAL EMPLOYEES FOR THE
ORGANIZATION WORLDWIDE IS 2,656.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DKT EXECUTES MARKETING AND PROMOTION CAMPAIGNS TO EDUCATE THE PUBLIC
ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY,
DKT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS
SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES
OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER
TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1984, DKT HAS
BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS.
IN 2023, DKT PROVIDED AND SOLD 949.6 MILLION CONDOMS, 120.0 MILLION
ORAL CONTRACEPTIVES, 28.6 MILLION EMERGENCY CONTRACEPTIVES, 33.0
MILLION INJECTABLE CONTRACEPTIVES, 5.4 MILLION IUDS, 1.8 MILLION
HORMONAL IMPLANTS, 2.3 MILLION CONTRACEPTIVE SUPPOSITORIES, 6.0 MILLION
MEDICAL ABORTION COMBINATION PACKS, 25.9 MILLION MISOPROSTOL PILLS,
271,900 MANUAL VACUUM ASPIRATION KITS, 2.1 MILLION CANNULE AND 58,600
TUBAL LIGATIONS AND VASECTOMIES.

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

PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY,

GHANA, INDIA, MEXICO, EGYPT,

Schedule O (Form 990) 2023

DKT INTERNATIONAL, INC.

Name of the organization

332212 11-14-23

12031002 153424 0200539-00001

Schedule O (Form 990) 2023

Page 2

Employer identification number

58-1593137

Schedule O (Form 990) 2023 Name of the organization	Page Employer identification number
DKT INTERNATIONAL, INC.	58-1593137
MOZAMBIQUE, VIETNAM, CHINA, CONGO, DEM REP,	
TANZANIA, BURMA, NIGERIA, PAKISTAN,	
BOLIVIA, UGANDA, KENYA, JORDAN,	
SUDAN, INDONESIA, TURKEY, FRANCE,	
LIBERIA, SIERRA LEONE, UNITED KINGDOM, ARGENTINA,	
CHILE, ECUADOR, PARAGUAY, PERU,	
PANAMA, COLOMBIA, AFGHANISTAN, SINGAPORE,	
IRAN, SENEGAL, CAMEROON, COTE D IVOIRE,	
GUATEMALA, VENEZUELA	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW PROCESS	
THE PRESIDENT, CFO, AND MEMBERS OF THE AUDIT/FINANCE COMMITTEE REVIEW THE	
FEDERAL FORM 990 AGAINST THE AUDITED FINANCIAL STATEMENTS TO ENSURE	
ACCURACY AND AGREEMENT BETWEEN THE TWO DOCUMENTS. THE PRESIDENT AND/OR CFO	
POSE QUESTIONS TO THE TAX PREPARER FOR CLARIFICATION AFTER THE REVIEW BY	
THE FINANCE/AUDIT COMMITTEE IF NECESSARY. THE FULL BOARD OF DIRECTORS	
REVIEWS FEDERAL FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY	
BOARD MEMBERS ARE REQUIRED TO COMPLETE THE FORM INITIALLY AND THEN REVIEW	
AND REVISE PERIODICALLY AS RELEVANT CHANGES MAY BE INDICATED BY BOARD	
MEMBERS. A DECISION IS MADE TO DETERMINE WHETHER THE MEMBER MUST ABSTAIN IN	
VOTING ON ANY MATTERS WHERE THE CONFLICT MAY BE AN ISSUE. ANY EMPLOYEE, WHO	
BELIEVES HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH DKT, SHALL NOTIFY	
HR IN WRITING. IF SAID EMPLOYEE IS THE PRESIDENT, HE SHALL NOTIFY THE BOARD	
332212 11-14-23 44	Schedule O (Form 990) 202

2023.04030 DKT INTERNATIONAL, INC. 02005391

Name of the organization DKT INTERNATIONAL, INC.	Employer identification number 58-1593137
OF DIRECTORS IN WRITING. HR AND PRESIDENT SHALL ANALYZE S	UCH POSSIBLE
CONFLICT AND IF A CONFLICT IS FOUND TO EXIST, THE PROPOSE	D TRANSACTION
SHALL NOT PROCEED WITHOUT A CAREFUL ANALYSIS OF ALTERNATI	
A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS OF DETERMINING COMPENSATION	
THE BOARD OF DIRECTORS HAS IN THE PAST OBTAINED COMPARABI	LITY STATISTICS
FROM ORGANIZATIONS OF SIMILAR SIZE AND WHICH HAVE EMPLOYE	ES WITH SIMILAR
LEVELS OF RESPONSIBILITY. THEY CONSIDER FACTORS INCLUDING	PRIOR EXPERIENCE,
SECTOR KNOWLEDGE, SENIORITY, AND SPECIAL SKILLS NEEDED FO	R THE PARTICULAR
POSITION. DKT HAS A COMPENSATION COMMITTEE COMPRISED OF T	WO (2) INDEPENDENT
DIRECTORS WHO DETERMINE THE LEVEL OF COMPENSATION OF THE	CEO. IN 2023, NO
NEW ASSESSMENT WAS MADE AS THERE WERE NO CHANGES IN THE S.	ALARY STRUCTURE OF
THE CEO DURING THE YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF ORGANIZATIONAL DOCUMENTS	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOV	ERNING DOCUMENTS
ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOS	URE AS SET FORTH
IN IRC SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION GAIN (LOSS)	-13,774,333.
REVERSAL OF PRIOR YEAR PROVISIONS	368,394.
TOTAL TO FORM 990, PART XI, LINE 9	-13,405,939.
SCHEDULE B	
332212 11-14-23 4 9	Schedule O (Form 990) 2023

Name of the organization DKT INTERNATIONAL, INC.		Employer identification number 58-1593137
DAT INTERNATIONAL, INC.		50 1575157
ALTHOUGH THE ORGANIZATION FILES AS AN EXEMPT	ORGANIZATION UNDER SECTION	
509(A)(2), THE ORGANIZATION HAS VERIFIED IT	WOULD MEET THE PUBLIC	
SUPPORT TEST UNDER SECTION 170(B)(1)(A)(VI).	AND HAS THEREFORE COMPLETED	
SCHEDULE B USING SPECIAL RULE REPORTING.		
332212 11-14-23	46	Schedule O (Form 990) 202
31002 153424 0200539-00001	2023.04030 DKT IN	TERNATIONAL, INC. 0200

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

DKT INTERNATIONAL, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NOMANCARE GLOBAL, LLC - 93-1878347					
1640 ROANOKE BLVD.	SALE AND DISTRIBUTION OF				
SALEM, VA 24153	FAMILY PLANNING PRODUCTS	VIRGINIA	0.	500.	DKT

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DKT DR CONGO							
372 AVE COLONEL MONDJIBA	SALE AND DISTRIBUTION OF						
KINSHASA, CONGO (KINSHASA)	FAMILY PLANNING PRODUCTS	CONGO (KINSHASA)	N/A		ркт	x	
DINK KISTET LETENA (DKT ETHIOPIA)							
PO BOX 8744	SALE AND DISTRIBUTION OF						
ADDIS ABABA, ETHIOPIA	FAMILY PLANNING PRODUCTS	ETHIOPIA	N/A		DKT	х	
DKT INTERNATIONAL INC. GHANA							
HSC327/14MII BONEY ST DZORWULU	SALE AND DISTRIBUTION OF						
ACCRA, GHANA	FAMILY PLANNING PRODUCTS	GHANA	N/A		ОКТ	x	
DKT INTERNATIONAL, INC LIBERIA							
24 STREET, AIRFIELD SHORTCUT ROAD	SALE AND DISTRIBUTION OF						
MONROVIA, LIBERIA	FAMILY PLANNING PRODUCTS	LIBERIA	N/A		ОКТ	x	

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

Schedule R (Form 990) 2023

23 Open to Public Inspection

Employer identification number

58-1593137

Department of the Treasury Internal Revenue Service

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organiz	olled ation?
DKT INTERNATIONAL, INC. SIERRA LEONE				301(0)(3))		Yes	No
13B MADONGO TOWN, OFFMOTOR ROAD, CONGO CROSS	SALE AND DISTRIBUTION OF						
FREETOWN, SIERRA LEONE	FAMILY PLANNING PRODUCTS	SIERRA LEONE	N/A		DKT	x	
JANANI							
B-1/ 46 SAFDARJUNG ENCLAVE	SALE AND DISTRIBUTION OF						
DELHI, INDIA 110029	FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	x	
DKT INDIA			-				
HEM-DIL, 67 A LINKING ROAD, OPP. ST. LAWRENC	SALE AND DISTRIBUTION OF						
MUMBAI, INDIA 400054	FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	x	
YAYASAN DKT INDONESIA							
RDTX PLACE 10TH FLOOR J1 PROF DR SATRIO KAV	SALE AND DISTRIBUTION OF						
JAKARTA, INDONESIA	FAMILY PLANNING PRODUCTS	INDONESIA	N/A		DKT	x	
DKT INTERNATIONAL INC. MYANMAR BRANCH							
NO. 10 B/1, THUKAHWADDI ROAD, WARD 6	SALE AND DISTRIBUTION OF						
YANKIN TOWNSHIP, BURMA	FAMILY PLANNING PRODUCTS	BURMA	N/A		окт	x	
DEEP K. TYAGI FOUNDATION NIGERIA							
2 IWAYA ROAD ONIKE YABA	SALE AND DISTRIBUTION OF						
LAGOS, NIGERIA	FAMILY PLANNING PRODUCTS	NIGERIA	N/A		DKT	x	
DKT INTERNATIONAL, INC REGIONAL OPERATING							
HEADQUARTERS, 80 EAST RODRIGUEZ JR. AVENUE,	SALE AND DISTRIBUTION OF						
C-5 LIBIS, QUEZON CITY, PHILIPPINES 1110	FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		окт	х	
DKT PHILIPPINES FOUNDATION, INC.							
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	SALE AND DISTRIBUTION OF						
QUEZON CITY, PHILIPPINES 1110	FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		DKT	х	
DKT INTERNATIONAL TANZANIA							
PLOT NO. 372, OYSTER PEARL GALLERIA	SALE AND DISTRIBUTION OF						
DAR ES SALAAM, TANZANIA 23471	FAMILY PLANNING PRODUCTS	TANZANIA	N/A		DKT	х	
REPRESENTATIVE OFFICE OF DKT INTERNATIONAL							
INC, IN HANOI, 13TH FLOOR ICON4 TOWER 243A	SALE AND DISTRIBUTION OF						
DE LA THANH STREET, HANOI, VIETNAM	FAMILY PLANNING PRODUCTS	VIETNAM	N/A		DKT	х	
DKT INTERNATIONAL FOUNDATION UK							
ONE BARTHOLOMEW CLOSE]						
LONDON, UNITED KINGDOM EC1A 7BL	FAMILY PLANNING	UNITED KINGDOM	N/A		dkt	х	
FEMHEALTH USA INC - 46-4144274							
1001 CONNECTICUT AVE NW, SUITE 805]						
WASHINGTON, DC 20036	FAMILY PLANNING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	ОКТ	х	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g Section 5 contr organiz	olled
				501(c)(3))		Yes	No
DKT MYANMAR (INTERNATIONAL NON-GOVERNMENTAL	4						
, , , ,	SALE AND DISTRIBUTION OF						
WARD 6, YANKIN TOWNSHIP, BURMA	FAMILY PLANNING PRODUCTS	BURMA	N/A		DKT	X	
EME DE MUJER, AC							
ANILLO DE CIRCUNVALACION 127 FLOOR 3 COL ATL	SALE AND DISTRIBUTION OF						
MEXICO CITY, MEXICO 04370	FAMILY PLANNING PRODUCTS	MEXICO	N/A		dkt	Х	
TELEFEM, AC							
ANILLO DE CIRCUNVALACION 127 FLOOR 3 COL ATL	SALE AND DISTRIBUTION OF						
MEXICO CITY, MEXICO 04370	FAMILY PLANNING PRODUCTS	MEXICO	N/A		DKT	x	
ASOCIACION DECIDE Y PLANIFIKT							
AVENIDA FERROCARRIL 19-97 ZONA 12 EMPRESARIA	SALE AND DISTRIBUTION OF						
GUATEMALA, GUATEMALA 610	FAMILY PLANNING PRODUCTS	GUATEMALA	N/A		dkt	x	
DKT INTERNATIONAL COTE D'IVOIRE ONG							
27 BP 1057 ABIDJAN 27 COCODY ANGR 8EME TRANC	SALE AND DISTRIBUTION OF	COTE D'IVOIRE (IVORY					
ABIDJAN, COTE D'IVOIRE (IVORY COAST)	FAMILY PLANNING PRODUCTS	COAST)	N/A		DKT	x	
·							
	1						
	1						
	1						
	1						
	1						
	4						
	4						
	4						
	4						
	4						
	4						
	4						
	4						
	4						

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

		,		1								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	mana part	aging iner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
PHP HOLDINGS, LLC - 83-2555978, 1640 ROANOKE	-											
BLVD, SALEM, VA 24153	HOLDING COMPANY	VA	DKT	RELATED	-422.	1,859,372.		x	N/A		x	50.00%
	-											
	-											
	-											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
DKT ARGENTINA S.A.	SALE AND DISTRIBUTION								
AV. SANTA FE 900 - PISO 4	OF FAMILY PLANNING								
BUENOS AIRES, ARGENTINA	PRODUCTS	ARGENTINA	DKT	C CORP	-106,269.	259,673.	100%	Х	
DKT BOLIVIA IMPORTADORA Y COMERCIALIZADORA	SALE AND DISTRIBUTION								
DE PRODUCTOS, PISO 19, OFICINA 01 ZONA	OF FAMILY PLANNING								
EUIPETROL, SANTA CRUZ DE LA SIERRA, BOLIVIA	PRODUCTS	BOLIVIA	DKT	C CORP	285,916.	621,121.	99.99%	х	
DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA.	SALE AND DISTRIBUTION								
AVENIDA BRIGADEIRO FARIA UMA 1912	OF FAMILY PLANNING								
SAO PAULO, BRAZIL	PRODUCTS	BRAZIL	DKT	C CORP	14,481,233.	19,924,200.	100%	х	
SYB SALUD Y BELLEZA INTERNACIONAL S.A.	SALE AND DISTRIBUTION								
RUTA 8 KM 17.500 - ZONA AMERICA	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	778,501.	9,399,429.	100%	х	
DKT CHILE SAP	SALE AND DISTRIBUTION								
EL GOLF 150 FLOOR 4 LOS CONDES	OF FAMILY PLANNING								
SANTIAGO, CHILE	PRODUCTS	CHILE	DKT	C CORP	595,314.	2,043,968.	100%	х	

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec 512((i) ction b)(13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	cont	rolled tity? No
DKT COLOMBIA S.A.S.	SALE AND DISTRIBUTION							103	
CL 70 A NR 4-41	OF FAMILY PLANNING								
BOGOTA, COLOMBIA	PRODUCTS	COLOMBIA	DKT	C CORP	83,757.	738,353.	100%	x	
DKT ECUADOR S.A.	SALE AND DISTRIBUTION				,	,			
AV REPUBLICA DEL SALVADOR 1082	OF FAMILY PLANNING								
QUITO, ECUADOR	PRODUCTS	ECUADOR	DKT	C CORP	252,686.	676,655.	100%	x	
DKT SOUTH AMERICA HOLDING INC.	SALE AND DISTRIBUTION								
AVE PASEO DEL MAR COSTA DEL ESTE	OF FAMILY PLANNING								
РАНАМА СІТҮ, РАНАМА	PRODUCTS	PANAMA	DKT	C CORP	78.	7,057,572.	100%	x	
DKT PARAGUAY SOCIEDAD ANONIMA	SALE AND DISTRIBUTION								
JUAN DE SALAZAR 657 E/ PROF. RAMIREZ	OF FAMILY PLANNING								
ASUNCION, PARAGUAY	PRODUCTS	PARAGUAY	DKT	C CORP	58,520.	579,888.	100%	x	
DKT PERU S.A.C.	SALE AND DISTRIBUTION								
JR. MARISCAL DE LAS HERAS, N 687, LINCE	OF FAMILY PLANNING								
LIMA, PERU	PRODUCTS	PERU	DKT	C CORP	156,874.	537,213.	100%	x	
DKT URUGUAY S.A.	SALE AND DISTRIBUTION								
CALLE COLONIA 810 APTO 403	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	168,325.	525,236.	100%	x	
DKT EGYPT LLC (091)	SALE AND DISTRIBUTION								
17 EL-TAKA STREET, 8TH FLOOR,NASR CITY	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	-198,116.	57,102.	96.00%	x	
DKT LLC (092)	SALE AND DISTRIBUTION								
17 EL-TAKA STREET, 8TH FLOOR,NASR CITY	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	470,487.	2,649,344.	92.00%	x	
DKT HEALTHCARE INDIA PRIVATE LTD	SALE AND DISTRIBUTION								
HEM-DIL, 67 A LINKING ROAD, SANTACRUZ	OF FAMILY PLANNING								
MUMBAI, INDIA 400054	PRODUCTS	INDIA	DKT	C CORP	3,602,975.	2,806,153.	100%	x	
PT DKT INTERNATIONAL	SALE AND DISTRIBUTION								
RDTX PLACE, 10 TH FLOOR	OF FAMILY PLANNING								
JAKARTA, INDONESIA	PRODUCTS	INDONESIA	ADKT	C CORP	8,817,148.	15,940,975.	99.00%	x	
PT. DHARMENDRA KUMAR TIYAGI INDONESIA	SALE AND DISTRIBUTION								
RDTX PLACE, 10 TH FLOOR	OF FAMILY PLANNING								
JAKARTA, INDONESIA	PRODUCTS	INDONESIA	ADKT	C CORP	15,586,541.	17,964,133.	99.99%	x	
DKT DE MEXICO SA DE CV	SALE AND DISTRIBUTION								
ANILLO DE CIRCUNVALACION 127 FLOOR 3 COL	OF FAMILY PLANNING								
MEXICO CITY, MEXICO 4370	PRODUCTS	MEXICO	DKT	C CORP	23,330,562.	21,077,979.	100%	x	

(a) Name, address, and EIN	(b) Primary activity	(c)	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	600	(i) ction
of related organization	Filliary activity	Legal domicile (state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	cont	(b)(13) trolled itity?
		country)						Yes	No
DKT MOZAMBIQUE, LIMITADA	SALE AND DISTRIBUTION								
AVENIDA CAHORA BASSA, 26, SOMMERSCHEILD	OF FAMILY PLANNING								
MAPUTO, MOZAMBIQUE	PRODUCTS	MOZAMBIQU	DKT	C CORP	1,246,671.	2,689,728.	100%	X	<u> </u>
DKT PAKISTAN (PRIVATE) LIMITED	SALE AND DISTRIBUTION								
PLOT # 34-C	OF FAMILY PLANNING								
KARACHI, PAKISTAN	PRODUCTS	PAKISTAN	DKT	C CORP	2,446,958.	5,631,486.	100%	X	
ASIA RH SUPPLY PTE . LTD	SALE AND DISTRIBUTION								
30 CECIL STREET #19-08 PRUDENTIAL TOWER	OF FAMILY PLANNING								
SINGAPORE, SINGAPORE 49712	PRODUCTS	SINGAPORE	DKT	C CORP	6,647,478.	9,004,470.	100%	x	
DKT INTERNATIONAL TANZANIA LIMITED	SALE AND DISTRIBUTION								
PLOT NO. 372, OYSTER PEARL GALLERIA, CHOLE R	DOF FAMILY PLANNING								
DAR ES SALAAM, TANZANIA	PRODUCTS	TANZANIA	DKT	C CORP	5,422.	74,597.	88.15%	x	
DKT INTERNATIONAL SEGAL COMPANY (PRIVATE	SALE AND DISTRIBUTION								-
JOINT STOCKS), BARAN TOWER, UNIT 11, NO.122,	OF FAMILY PLANNING								
HAGHATALAB STREET, TEHRAN, IRAN	PRODUCTS	IRAN	DKT	C CORP	242,149.	729,553.	99.99%	x	
DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI	SALE AND DISTRIBUTION				,				
ITHALAT TICARET LTD, MANSUROGLU MAHALLESI	OF FAMILY PLANNING								
1583/1, IZMIR, TURKEY 35/5 3522	PRODUCTS	TURKEY	DKT	C CORP	591,871.	2,268,713.	96.06%	x	
DKT INTERNATIONAL SENEGAL S.U.A.R.L.	SALE AND DISTRIBUTION								
ALMADIES ZONE 10 PARCELLES N22 BP	OF FAMILY PLANNING								
DAKAR, SENEGAL 24487	PRODUCTS	SENEGAL	DKT	C CORP	5,419,215.	3,059,085.	100%	x	
DKT INTERNATIONAL CAMEROON S.U.A.R.L.	SALE AND DISTRIBUTION				, ,	, ,			
BONAMOUSSADI OPPOSITE QUIFEUROU SABLE	OF FAMILY PLANNING								
DOUALA, CAMEROON 24169	PRODUCTS	CAMEROON	DKT	C CORP	1,941,194.	1,706,589.	100%	x	
DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L.	SALE AND DISTRIBUTION				, , ,	, , -			-
27 BP 1057 ABIDJAN 27 COCODY ANGRE 8EME TRAN	H NOF FAMILY PLANNING	COTE							
ABIDJAN, COTE D'IVOIRE (IVORY COAST)	PRODUCTS	D'IVOIRE	DKT	C CORP	738,291.	1,582,453.	100%	x	
GOLDEN CHOICE COMPANY LIMITED	SALE AND DISTRIBUTION				, -	, , -			-
	EOF FAMILY PLANNING								
HANOI VIETNAM	PRODUCTS	VIETNAM	DKT	C CORP	1,165,433.	2,421,682.	100%	x	
DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL	SALE AND DISTRIBUTION				_,,	_,,			
LTD, BOA HOUSE 5TH FLOOR WESTLANDS, NAIROBI,	OF FAMILY PLANNING								
KENYA	PRODUCTS	KENYA	DKT	C CORP	1,570,933.	2,684,522.	100%	x	
DKT HEALTHCARE INTERNATIONAL UGANDA LTD	SALE AND DISTRIBUTION		-		_, ,	_,,	1 1000		+
14-18 COOPER ROAD 4TH FLOOR ACACIA MALL	OF FAMILY PLANNING								
KAMPALA, UGANDA	PRODUCTS	UGANDA	DKT	C CORP	1,711,922.	1,659,253.	100%		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont	(i) ction b)(13) rolled tity?
		country)		or trusty		235613		Yes	No
WOMANCARE GLOBAL TRADING CIC	SALE AND DISTRIBUTION								
ONE BARTHOLOMEW CLOSE	OF FAMILY PLANNING	UNITED							
LONDON, UNITED KINGDOM EC1A 7BL	PRODUCTS	KINGDOM	DKT	C CORP	5,542,464.	12,324,317.	100%	x	
DKT WOMANCARE GLOBAL SERVICES	SALE AND DISTRIBUTION								
28 BOULEVARD HAUSSMANN	OF FAMILY PLANNING								
PARIS, FRANCE 75009	PRODUCTS	FRANCE	DKT	C CORP	3,159,364.	3,319,177.	100%	х	
DKT INTERNATIONAL, INC - JORDAN W.I.I	SALE AND DISTRIBUTION								
151 WASFI ALTAL STREET, AL SALHEEN NEIGHBORH	OF FAMILY PLANNING								
AMMAN, JORDAN	PRODUCTS	JORDAN	DKT	C CORP	80,217.	133,409.	100%	x	
DKT INTERNATIONAL, INC AFGHANISTAN	SALE AND DISTRIBUTION								
SUITE NO. 14, 4TH FLOOR, KHALID TARAKAY MAR.	OF FAMILY PLANNING								
KABUL, AFGHANISTAN	PRODUCTS	AFGHANIST	DKT	C CORP	340,014.	685,516.	100%	x	
DKT BEIJING INTERNATIONAL TRADE CO LTD	SALE AND DISTRIBUTION								
SHUANG ZI ZUO MANSION, EAST TOWER, 10TH FL.,	OF FAMILY PLANNING								
JIAN GUO MEN WAI DA STREET YI AREA, CHINA	PRODUCTS	CHINA	DKT	C CORP	Ο.	0.	100%	x	
SYB DE MEXICO, S.A DE C.V	SALE AND DISTRIBUTION								
RODRIGUEZ SARO 523 LOCAL 5A COLONIA DEL VALL	EOF FAMILY PLANNING								
ALCALDIA BENITO JUAREZ, MEXICO 3100	PRODUCTS	MEXICO	DKT	C CORP	Ο.	2,566.	100%	x	
DKT HEALTH INC.	SALE AND DISTRIBUTION								
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	ОКТ	C CORP	14,854,445.	27,162,438.	100%	x	
DKT REPRODUCTIVE HEALTH, INC.	SALE AND DISTRIBUTION								
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	ОКТ	C CORP	31,473.	3,564,876.	100%	x	
HEALTHSENSE, INC.	SALE AND DISTRIBUTION								
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	ОКТ	C CORP	-1,689.	130,690.	100%	x	
DKT SERVICES LIMITED	SALE AND DISTRIBUTION								
BLOCK 51, 23 STREET, OMARAT	OF FAMILY PLANNING								
KHARTOUM, SUDAN	PRODUCTS	SUDAN	DKT	C CORP	-3,119.	165,442.	99.00%	x	
MODERN CHOICE EXPERTS CO. LTD.	SALE AND DISTRIBUTION				, , , , , , , , , , , , , , , , , , ,				
NO. 10 B/1, THUKAHWADDI ROAD, WARD 6	OF FAMILY PLANNING								
YANKIN TOWNSHIP, BURMA	PRODUCTS	BURMA	DKT	C CORP	1,023,903.	4,926,671.	100%	x	
DKT DE GUATEMALA, S.A.	SALE AND DISTRIBUTION								
AVENIDA FERROCARRIL 19-97 ZONA 12 EMPRESARIA	OF FAMILY PLANNING								
GUATEMALA, GUATEMALA 610	PRODUCTS	GUATEMALA	ОКТ	C CORP	64,044.	540,378.	99.00%	x	

(a) Name, address, and EIN	(b) Primary activity	(C) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec 512(1	tion b)(13) rolled tity?
Name, address, and EIN of related organization		Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	income	end-of-year assets	Percentage ownership		
DKT DE PANAMA, S.A.	SALE AND DISTRIBUTION	country)						Yes	No
CORREGIMIENTO DE BELLA VISTA CALLE 57 ESTA	OF FAMILY PLANNING								
CIUDAD DE PANAMA, PANAMA 2030	PRODUCTS	PANAMA	DKT	C CORP	0.	0.000	100%		
	SALE AND DISTRIBUTION	PANAMA	DKT	C CORP	0.	9,999.	100%		
DKT VENEZUELA, C.A.									
LOS HEMETICOS CASA #2 QUINTA NAVA SECTOR EL	OF FAMILY PLANNING		D	a			1000		
MIRANDA, VENEZUELA	PRODUCTS	VENEZUELA	DKT	C CORP	0.	1.	100%	X	
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	-								
	4								
	-								
	-								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)	<u>1e</u>	X	_
Dividends from related organization(s)	1f	x	
Sale of assets to related organization(s)	1g	1	
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		n X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses		—	
Reimbursement paid by related organization(s) for expenses	1q	+-	_
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DKT DR CONGO	В	10,272,492.	Cash
(2) DKT LLC (092)	В	261,818.	CASH
(3) DINK KISTET LETENA (DKT ETHIOPIA)	В	298,590.	САЅН
(4) DKT INTERNATIONAL INC. GHANA	В	1,449,293.	CASH
(5) DKT INDIA	В	1,826,563.	CASH
(6) DKT INTERNATIONAL SEGAL COMPANY (PRIVATE JOINT STOCKS)	В	147,827.	CASH

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

DKT INTERNATIONAL, INC.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD	В	1,470,932.	саѕн
(8)SYB DE MEXICO, S.A DE C.V	В	325,600.	САЅН
(9)DKT MOZAMBIQUE, LIMITADA	В	2,158,000.	САЅН
(10)DKT INTERNATIONAL INC. MYANMAR BRANCH	В	887,397.	САЅН
(11)DEEP K. TYAGI FOUNDATION NIGERIA	В	2,202,204.	САЅН
(12)DKT PAKISTAN (PRIVATE) LIMITED	В	1,416,141.	САЅН
(13)DKT INTERNATIONAL, INC AFGHANISTAN	В	349,198.	CASH
(14)DKT INTERNATIONAL SENEGAL S.U.A.R.L.	В	4,175,071.	CASH
(15)DKT INTERNATIONAL TANZANIA	В	506,151.	САЅН
(16)DKT HEALTHCARE INTERNATIONAL UGANDA LTD	В	1,039,068.	САЅН
(17)REPRESENTATIVE OFFICE OF DKT INTERNATIONAL, INC IN HANOI	В	250,000.	САЅН
(18)DKT INTERNATIONAL CAMEROON S.U.A.R.L.	В	1,441,688.	САЅН
(19)DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L.	В	12,679,660.	CASH
(20)FEMHEALTH USA INC	В	500,000.	CASH
(21)DKT SOUTH AMERICA HOLDING INC.	В	325,500.	САЅН
(22)DINK KISTET LETENA (DKT ETHIOPIA)	м	451,617.	сазн
(23)DKT INTERNATIONAL INC. MYANMAR BRANCH	м	56,008.	саѕн
(24)FEMHEALTH USA INC	М	121,500.	сазн

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Schedule R (Form 990) DKT INTERNATIONAL, INC.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SYB DE MEXICO, S.A DE C.V	м	65,328.	САЅН
(8) DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA.	м	44,500.	САЅН
(9) SYB SALUD Y BELLEZA INTERNACIONAL S.A.	м	11,371.	CASH
(10) DKT INTERNATIONAL INC. GHANA	м	70,098.	CASH
(11) DKT MOCAMBIQUE, LIMITADA	м	18,970.	CASH
(12) WOMANCARE GLOBAL TRADING CIC	м	2,334.	САЅН
(13) PT. DHARMENDRA KUMAR TIYAGI INDONESIA	F	3,484,590.	САЅН
(14) ASIA RH SUPPLY PTE. LTD	F	3,549,596.	САЅН
(15) PT DKT INDONESIA	F	1,157,880.	САЅН
(16) DKT HEALTH INC.	F	3,606,816.	CASH
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2023 DKT INTERNATIONAL, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23