

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
DKT INTERNATIONAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1701 K STREET NW NO 900

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006

F Name and address of principal officer
CHRISTOPHER H PURDY
1701 K STREET NW NO 900
WASHINGTON, DC 20006

D Employer identification number
58-1593137

E Telephone number
(202) 233-8780

G Gross receipts \$ 221,246,220

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.DKTINTERNATIONAL.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1984

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE AFFORDABLE AND SAFE OPTIONS 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 net assets

3 Number of voting members of the governing body (Part VI, line 1a)	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	23
6 Total number of volunteers (estimate if necessary)	4
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	97,787,203	38,981,452
9 Program service revenue (Part VIII, line 2g)	120,461,876	145,662,227
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,538,739	5,254,420
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	275,762	1,041,725
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,063,580	190,939,824
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,045,631	35,822,302
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶449,022		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	136,218,544	163,697,030
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	167,264,175	199,519,332
19 Revenue less expenses Subtract line 18 from line 12	64,799,405	-8,579,508

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	266,029,871	284,633,255
21 Total liabilities (Part X, line 26)	49,426,030	61,201,029
22 Net assets or fund balances Subtract line 21 from line 20	216,603,841	223,432,226

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-10-26

CHRISTOPHER H PURDY PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name FRANK H SMITH	Preparer's signature FRANK H SMITH	Date 2018-10-26	Check <input type="checkbox"/> if self-employed	PTIN P00639053
Firm's name ▶ RAFFA PC			Firm's EIN ▶ 52-1511275	
Firm's address ▶ 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036			Phone no (202) 822-5000	

Part III Statement of Program Service Accomplishments

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

1 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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 195,649,399 including grants of \$) (Revenue \$ 145,662,227)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 195,649,399

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Significant changes), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect), 7b (Governance decisions), 8 (Meetings/actions), 8a/b (Committee authority), 9 (Officer reachability).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15a/b (Compensation review), 16a (Investment/participation), 16b (Participation policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990), 18 (Public inspection methods), 19 (Schedule O content), 20 (Person with books/records).

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP D HARVEY FOUNDER & CHAIR	0 25	X		X				0	0	0
(2) CHRISTOPHER H PURDY PRESIDENT & CEO	40 00	X		X				557,462	49,984	212,840
(3) ROBERT L CISZEWSKI VICE PRESIDENT	0 25	X		X				0	0	0
(4) CARLOS GARCIA DIRECTOR	0 25	X						0	0	0
(5) JULIE STEWART DIRECTOR	0 25	X						0	0	0
(6) MICHELE THORBURN ASSISTANT SECRETARY	40 00			X				85,900	0	15,717
(7) TODD M CALLAHAN PROGRAM MANAGER	40 00					X		856,988	0	60,376
(8) PATRICK LOUVEL PROGRAM MANAGER	40 00					X		434,052	0	27,965
(9) DANIEL MARUN PROGRAM MANAGER	40 00					X		398,486	0	12,018
(10) JUAN GARCIA PROGRAM MANAGER	40 00					X		367,326	0	27,446
(11) DIMOS SAKELLARIDIS PROGRAM MANAGER	40 00					X		318,071	0	31,124
(12) TERRY SCOTT FORMER PROGRAM MANAGER	40 00						X	216,000	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,252,024				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	33,729,428				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		38,981,452				
Program Service Revenue		Business Code					
	2a FAMILY PLANNING SALES	900099	145,662,227	145,662,227			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		145,662,227					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,584,627			3,584,627	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		1,669,793			1,669,793
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a OTHER INCOME	900099	1,041,725			1,041,725		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		1,041,725					
12 Total revenue. See Instructions		190,939,824	145,662,227	0	6,296,145		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	867,017	112,712	650,264	104,041
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,303,332	25,948,386	1,129,646	225,300
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,354,621	3,136,885	183,072	34,664
9 Other employee benefits	1,903,326	1,791,113	93,963	18,250
10 Payroll taxes	2,394,006	2,219,325	147,315	27,366
11 Fees for services (non-employees)				
a Management				
b Legal	881,855	814,773	67,082	
c Accounting	361,863	334,336	27,527	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	32,022		32,022	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,836,027	15,149,402	647,224	39,401
12 Advertising and promotion	35,034,040	35,024,890	9,150	
13 Office expenses	3,320,249	3,209,129	111,120	
14 Information technology				
15 Royalties				
16 Occupancy	5,091,078	4,943,129	147,949	
17 Travel	8,371,015	8,212,060	158,955	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,407,575	2,395,635	11,940	
20 Interest	1,022,648	1,022,648		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,975,090	1,972,620	2,470	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF SALES	83,670,151	83,670,151		
b LICENSES AND TAXES	2,912,507	2,911,805	702	
c OTHER	2,126,020	2,125,510	510	
d REPAIRS AND MAINTENANCE	673,068	673,068		
e All other expenses	-18,178	-18,178		
25 Total functional expenses. Add lines 1 through 24e	199,519,332	195,649,399	3,420,911	449,022
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,820,365	1	56,326,035
	2 Savings and temporary cash investments	1,909,396	2	492,187
	3 Pledges and grants receivable, net	54,356,641	3	38,444,230
	4 Accounts receivable, net	32,853,963	4	40,084,519
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	26,013,423	8	30,438,917
	9 Prepaid expenses and deferred charges	3,173,061	9	3,928,704
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	16,466,977		
	b Less accumulated depreciation	7,157,165		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	85,922,567	12	102,462,592
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,119,301	15	3,146,259
16 Total assets. Add lines 1 through 15 (must equal line 34)	266,029,871	16	284,633,255	
Liabilities	17 Accounts payable and accrued expenses	32,807,136	17	40,203,026
	18 Grants payable		18	
	19 Deferred revenue	3,868,536	19	8,754,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	12,750,358	23	12,244,003
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	49,426,030	26	61,201,029
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	144,716,518	27	167,828,229
	28 Temporarily restricted net assets	71,887,323	28	55,603,997
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	216,603,841	33	223,432,226
	34 Total liabilities and net assets/fund balances	266,029,871	34	284,633,255

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190,939,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,519,332
3	Revenue less expenses Subtract line 2 from line 1	3	-8,579,508
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	216,603,841
5	Net unrealized gains (losses) on investments	5	15,407,893
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	223,432,226

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 58-1593137

Name: DKT INTERNATIONAL INC

Form 990 (2017)

Form 990, Part III, Line 4a:

DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD, SERVING 36.6 MILLION COUPLES IN 2017, AND PREVENTING 7.6 MILLION UNWANTED PREGNANCIES, 4.6 MILLION UNSAFE ABORTIONS, 14,600 MATERNAL DEATHS, AND 54,000 INFANT DEATHS. DKT SOCIALLY MARKETS A RANGE OF CONTRACEPTIVE PRODUCTS INCLUDING CONDOMS, ORAL CONTRACEPTIVE PILLS, AND LONGER-LASTING METHODS LIKE IMPLANTS AND INTRA-UTERINE DEVICES (IUDS) IN 42 COUNTRIES. DKT IMPROVES THE AVAILABILITY, ACCESSIBILITY, AND AFFORDABILITY OF MODERN CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS BROADLY. 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 1989, DKT HAS BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 25 YEARS. IN 2017, DKT PROVIDED AND SOLD 666 MILLION CONDOMS, 97 MILLION CYCLES OF ORAL CONTRACEPTIVES, 7.9 MILLION EMERGENCY CONTRACEPTIVES, 28 MILLION INJECTABLE CONTRACEPTIVES, 3.6 MILLION IUDS, 16.4 MILLION MISOPROSTOL PILLS, 2.5 MILLION MIFEPRISTONE/MISOPROSTOL COMBI PACKS, AND 86,000 MANUAL VACUUM ASPIRATION (MVA) KITS.

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
DKT INTERNATIONAL INC

Employer identification number

58-1593137

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	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						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2016.** 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—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	77,869,608	39,129,048	39,124,751	97,787,203	38,981,452	292,892,062
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	94,459,585	103,095,898	104,848,789	120,461,876	145,662,227	568,528,375
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	172,329,193	142,224,946	143,973,540	218,249,079	184,643,679	861,420,437
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,469,628	1,000,000	1,000,000	723,552	1,500,000	6,693,180
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	33,441,828	10,344,357	1,114,590	1,213,596		46,114,371
c Add lines 7a and 7b	35,911,456	11,344,357	2,114,590	1,937,148	1,500,000	52,807,551
8 Public support. (Subtract line 7c from line 6.)						808,612,886

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	172,329,193	142,224,946	143,973,540	218,249,079	184,643,679	861,420,437
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	844,478	2,113,772	2,949,861	3,764,796	3,584,627	13,257,534
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	844,478	2,113,772	2,949,861	3,764,796	3,584,627	13,257,534
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,791,099	1,067,847	641,598	275,762	1,041,725	5,818,031
13 Total support. (Add lines 9, 10c, 11, and 12.)	175,964,770	145,406,565	147,564,999	222,289,637	189,270,031	880,496,002
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	91.840 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	91.680 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.510 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.400 %

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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 organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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	
e	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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
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	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2013 AMOUNT \$ 2,791,099 2014 AMOUNT \$ 1,067,847 2015 AMOUNT \$ 641,598 2016 AMOUNT \$ 275,762 2017 AMOUNT \$ 1,041,725

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
DKT INTERNATIONAL INC

Employer identification number
58-1593137

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		726,657		726,657
b Buildings		1,945,939	845,977	1,099,962
c Leasehold improvements		1,030,829	448,039	582,790
d Equipment		6,399,867	3,096,905	3,302,962
e Other		6,363,685	2,766,244	3,597,441
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				9,309,812

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	48,185,076	F
(B) MUTUAL FUNDS	54,277,516	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	102,462,592	

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. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	206,315,695
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	15,407,893
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	15,407,893
3	Subtract line 2e from line 1	3	190,907,802
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,022
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	32,022
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	190,939,824

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

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

1	Total expenses and losses per audited financial statements	1	199,487,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	199,487,310
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	32,022
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	32,022
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	199,519,332

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-1593137

Name: DKT INTERNATIONAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	DKT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2017, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE COMBINED FINANCIAL STATEMENTS OR WHICH MIGHT HAVE ANY EFFECT ON DKT'S TAX-EXEMPT STATUS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
DKT INTERNATIONAL INC

Employer identification number
58-1593137

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	46	2,396			131,262,915
b Total from continuation sheets to Part I					25,295,879
c Totals (add lines 3a and 3b)	46	2,396			156,558,794

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN EXPENDITURES

Additional Data

Software ID:

Software Version:

EIN: 58-1593137

Name: DKT INTERNATIONAL INC

Form 990 Schedule F Part I - Activities Outside The United States

(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	12	379	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	50,446,614
EUROPE (INCLUDING ICELAND & GREENLAND)	2	5	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	2,529,487

Form 990 Schedule F Part I - Activities Outside The United States

(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
MIDDLE EAST AND NORTH AFRICA	3	84	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	1,409,925
NORTH AMERICA	2	95	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	9,738,324

Form 990 Schedule F Part I - Activities Outside The United States

(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
SOUTH AMERICA	11	73	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	14,817,717
SOUTH ASIA	4	955	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	23,445,984

Form 990 Schedule F Part I - Activities Outside The United States

(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
SUB-SAHARAN AFRICA	12	805	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	27,801,962
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		1,072,902

Form 990 Schedule F Part I - Activities Outside The United States

(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
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		1,532,001
NORTH AMERICA	0	0	INVESTMENTS		92,424

Form 990 Schedule F Part I - Activities Outside The United States

(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
SOUTH ASIA	0	0	INVESTMENTS		6,956,276
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		16,715,178

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DKT INTERNATIONAL INC

Employer identification number

58-1593137

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a Yes	5b Yes								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTOPHER H PURDY PRESIDENT & CEO	(i)	293,000	264,324	138	185,495	22,445	765,402	0
	(ii)	49,000	0	984	4,900	0	54,884	0
2 TODD M CALLAHAN PROGRAM MANAGER	(i)	119,000	591,895	146,093	33,900	26,476	917,364	0
	(ii)	0	0	0	0	0	0	0
3 PATRICK LOUVEL PROGRAM MANAGER	(i)	123,000	239,113	71,939	12,300	15,665	462,017	0
	(ii)	0	0	0	0	0	0	0
4 DANIEL MARUN PROGRAM MANAGER	(i)	116,042	221,158	61,286	12,018	0	410,504	0
	(ii)	0	0	0	0	0	0	0
5 JUAN GARCIA PROGRAM MANAGER	(i)	118,489	208,580	40,257	11,781	15,665	394,772	0
	(ii)	0	0	0	0	0	0	0
6 DIMOS SAKELLARIDIS PROGRAM MANAGER	(i)	113,833	78,989	125,249	11,383	19,741	349,195	0
	(ii)	0	0	0	0	0	0	0
7 TERRY SCOTT FORMER PROGRAM MANAGER	(i)	0	216,000	0	0	0	216,000	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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 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 IMMEDIATELY FAMILY TO THE HOME LEAVE DESTINATION OF THE EMPLOYEE'S CHOICE. THE FOREIGN COUNTRY DIRECTOR'S HOUSING IS PROVIDED BY DKT.
PART I, LINE 4B	IN 2017, CHRISTOPHER H. PURDY, PRESIDENT & CEO, ACCRUED \$156,195 FROM HIS PARTICIPATION IN A SUPPLEMENTAL, NON-QUALIFIED 457(F) RETIREMENT PLAN.
PART I, LINE 5	DKT PAYS COMMISSIONS BASED ON CASH COLLECTIONS FOR REACHING SALES GOALS OF CONTRACEPTIVE PRODUCTS.
PART I, LINE 7	DKT PAYS COMMISSIONS FOR FUNDRAISING RESULTS.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
DKT INTERNATIONAL INC**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection****Employer identification number**

58-1593137

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS OBTAINS COMPARABILITY STATISTICS FROM ORGANIZATIONS OF SIMILAR SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF RESPONSIBILITY THEY ALSO CONSIDER SUCH FACTORS AS SENIORITY, WHERE THERE ARE POSTED AND SPECIAL SKILLS NEEDED FOR THE PARTICULAR POSITION THE BOARD OF DIRECTORS MUST THEN VOTE ON THE LEVELS OF COMPENSATION FOR THE PRESIDENT & CEO DKT HAS ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO EVALUATE ITS POLICIES AND COMPENSATION PLAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, LINE 5	THE TOTAL NUMBER OF US CITIZENS RECEIVING FORM W-2S IS 23 AND THE TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT US CITIZENS NOT RECEIVING FORM W-2S ARE 2,373 THEREFORE, THE TOTAL EMPLOYEES FOR THE ORGANIZATION WORLDWIDE IS 2,396

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
DKT INTERNATIONAL INC

Employer identification number

58-1593137

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YAYASAN DKT INDONESIA GRAHA SUCOFINDO LT 12 JALAN RAYA MING JAKARTA ID	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ID	N/A		DKT	Yes	
(2) DKT INDIA 67 A LINKING ROAD SANTA CRUZ MUMBAI IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	N/A		DKT	Yes	
(3) FEMHEALTH USA INC 1156 15TH STREET NW WASHINGTON, DC 20005 46-4144274	FAMILY PLANNING	DC	501(C)(3)	LINE 7	DKT	Yes	

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 58-1593137
Name: DKT INTERNATIONAL INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
JANANI B-4 PRESS APARTMENTS 23 INDRAPRAS DELHI 110017 IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	DKT	C	5,731,344	5,490,230	100 000 %	Yes	
DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO BR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BR	DKT	C	13,720,871	12,183,193	99 990 %	Yes	
DKT DR CONGO AVENUE DU MILITANT NO1/3691 CROIS BARUMBU CG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CG	DKT	C	6,501,481	2,176,045	100 000 %	Yes	
DKT EGYPT ZAHRET EL MMDI TOWER CORNICHE EL CAIRO EG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EG	DKT	C	278,955	99,523	96 000 %	Yes	
DKT LIMITED LIABILITY COMPANY 17 EL-TAKA STREET 8TH FLOOR 11TH CAIRO EG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EG	DKT	C	1,330,340	1,029,554	92 000 %	Yes	
DINK KISTET LETENA 1234 ADDIS ABABA ETHIOPIA ET	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ET	DKT	C	8,010,623	9,919,734	100 000 %	Yes	
DKT INTERNATIONAL INC GHANA HSC327/14MII BONEY ST DZORWULLU ACCRA GH	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GH	DKT	C	3,321,809	7,180,202	100 000 %	Yes	
DKT DE MEXICO SA DE DV AV MIGUEL ANGEL DE QUEVEDO 696 DE LAS LOMAS MX	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MX	DKT	C	9,693,648	10,471,256	99 990 %	Yes	
MODERN CHOICE EXPERTS CO LTD NO 027/1 YAN AUNG LANE 2 YANKIN MYANMAR BM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BM	DKT	C	74,887	699,642	100 000 %	Yes	
DKT MOZAMBIQUE LIMITADA RUA PEREIRA DO LAGO 56 SOMMERSCHEI MAPUTO MZ	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MZ	DKT	C	2,668,656	1,650,687	97 500 %	Yes	
DKT MYANMAR NO 027/1 YAN AUNG LANE 2 YANKIN MYANMAR BM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BM	DKT	C	-141	527,092	100 000 %	Yes	
DKT NIGERIA GRACE HOUSE NO 2 IWAYA ROAD ONI LAGOS NI	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	NI	DKT	C	4,913,671	8,102,708	100 000 %	Yes	
DKT PAKISTAN PLOT NO BC-10 BLOCK-4 CLIFTON KARACHI PK	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PK	DKT	C	3,231,944	2,348,090	100 000 %	Yes	
DKT PHILLIPINES INC 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	67,864	13,354,128	100 000 %	Yes	
DKT REPRODUCTIVE HEALTH INC 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	209,036	4,961,713	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SYB SALUD Y BELLEZA INTERNACIONAL SA AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO UY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UY	DKT	C	1,426,389	4,723,672	100 000 %	Yes	
DKT TURKEY TALATPASA BULVARI AKGUN ALSANCAKIZMIR 35/5 3522 TU	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TU	DKT	C	205,117	768,874	90 500 %	Yes	
DKT URUGUAY SA AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO BR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BR	DKT	C	374		100 000 %	Yes	
GOLDEN CHOICE COMPANY LIMITED 13TH FLOOR ICON4 TOWER 243A DE LA HANOI VM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VM	DKT	C	1,114,699	1,368,955	100 000 %	Yes	
HEALTHSENSE INC 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	8,283	304,743	100 000 %	Yes	
INDIA HEALTHCARE HEM-DIL 2ND FLOOR 67-A LINKING RO MUMBAI 400054 IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	DKT	C	7,561,804	3,873,483	99 990 %	Yes	
DKT INDONESIA PT GRAHA SUCOFINDO LT 12 JL RAYA PA JAKARTA 12780 ID	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ID	DKT	C	16,212,845	11,889,862	96 000 %	Yes	
TANZANIA PLOT NUMBER 1006-A BUZWAGI ROAD DAR ES SALAAM 23471 TZ	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TZ	DKT	C	1,723,419	2,444,897	100 000 %	Yes	
DKT HEALTH 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	11,049,597	22,921,162	100 000 %	Yes	
PHILIPPINES REGIONAL HEADQUARTERS 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	2,071,199	3,435,491	99 000 %	Yes	
TANZANIA LIMITED PLOT NO BC-10 BLOCK-4 CLIFTON DAR ES SALAAM 23471 TZ	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TZ	DKT	C	19,293	658,622	88 000 %	Yes	
DKT INTERNATIONAL - VIETNAM OFFICE 13TH FLOOR ICON4 TOWER 243A DE LA HANOI VM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VM	DKT	C	504,266	648,084	100 000 %	Yes	
DKT INTERNATIONAL - IRAN A8 8TH FLOOR NO 2 HORMOZAN STRE TEHRAN 1466765191 IR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IR	DKT	C	206,693	933,685	100 000 %	Yes	
DKT INTERNATIONAL - SENEGAL ROUTE DES ALMADIES LOT 25 DAKAR SG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SG	DKT	C	37,043	1,046,306	100 000 %	Yes	
DKT INTERNATIONAL - CAMEROON BONAMOUSSADI OPPOSITE QUIFEUROU SAB DOULA CM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CM	DKT	C	869,102	519,012	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DKT UGANDA KAREN OFFICE PARK BAOBAB BUILDING KENYA KE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	KE	DKT	C	1,372	222,868	98 000 %	Yes	
DKT KENYA KAREN OFFICE PARK BAOBAB BUILDING KENYA KE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	KE	DKT	C	76,274	1,149,180	98 000 %	Yes	
DKT BOLIVIA AVENIDA LAS AMERICAS ESQUINA 7 SAAVEDRA BL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BL	DKT	C	-507	29,968	99 000 %	Yes	
DKT REPRODUCTIVE HEALTH INTERNATIONAL 491B RIVER VALLEY ROAD 15-01 VALLEY POINT SN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SN	DKT	C	7,742,925	13,740,540	100 000 %	Yes	
DKT INTERNATIONAL - IVORY COAST COCODY ANGR 8M TRANCHE LOT 565 IL ABIDJAN IV	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IV	DKT	C	-21,273	467,178	100 000 %	Yes	
WOMANCARE GLOBAL TRADING CIC 50 BROADWAY LONDON UK	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UK	DKT	C	4,539,037	2,011,470	100 000 %	Yes	
DKT ECUADOR SA AV REPUBLICA DEL SALVADOR 1082 TO QUITO EC	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EC	DKT	C	100	29,194	100 000 %	Yes	
DKT SOUTH AMERICA HOLDING INC AVE PASEO DEL MAR COSTA DEL ESTE PANAMA CITY PM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PM	DKT	C		437,635	100 000 %	Yes	
DKT COLOMBIA SA CL 70 A NR 4-41 BOGOTA CO	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CO	DKT	C	1,395	25,814	100 000 %	Yes	
DKT CHILE SA EL GOLF 150FLOOR 4 LAS CONDES SANTIAGO CI	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CI	DKT	C		40,409	100 000 %	Yes	
DKT PERU SAC AV VICTOR ANDRES BELAUNDE 147 SAN ISIDRO PE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PE	DKT	C	5,471	20,741	100 000 %	Yes	
DKT PARAGUAI SA JUAN DE SALAZAR 657 ASSUNCIN PA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PA	DKT	C	1,230	61,353	100 000 %	Yes	
DKT ARGENTINA SA CERRITO 1070 PISO 3 OFICINA 71 BUENOS AIRES AR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	AR	DKT	C	5,990	78,781	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FEMHEALTH USA INC	B	725,000	CASH
WOMANCARE GLOBAL TRADING CIC	B	450,000	CASH
DKT DR CONGO	B	7,329,650	CASH
DKT EGYPT	B	1,532,001	CASH
DINK KISTET LETENA	B	5,819,571	CASH
DKT INTERNATIONAL INC GHANA	B	1,513,175	CASH
DKT INDIA	B	3,382,428	CASH
JANANI	B	3,114,495	CASH
DKT DE MEXICO SA DE DV	B	92,424	CASH
DKT MOZAMBIQUE LIMITADA	B	2,915,762	CASH
DKT MYANMAR	B	1,072,902	CASH
DKT NIGERIA	B	3,821,866	CASH
DKT PAKISTAN	B	3,804,495	CASH
TANZANIA	B	1,134,725	CASH
DKT INTERNATIONAL - VIETNAM OFFICE	B	100,000	CASH
DKT INDIA	D	4,305,733	FMV
DKT DE MEXICO SA DE DV	D	307,317	FMV
DKT PAKISTAN	D	19,725,273	FMV
DKT INTERNATIONAL - VIETNAM OFFICE	D	650,000	FMV
TANZANIA	E	1,201,308	FMV
WOMANCARE GLOBAL TRADING CIC	R	454,276	FMV
SYB SALUD Y BELLEZA INTERNACIONAL SA	R	6,000,000	FMV
DKT EGYPT	R	1,029,895	FMV
DKT LIMITED LIABILITY COMPANY	R	1,479,501	FMV
DINK KISTET LETENA	R	323,688	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DKT INDIA	R	4,305,733	FMV
DKT INDONESIA PT	R	1,179,658	FMV
DKT DE MEXICO SA DE DV	R	307,317	FMV
DKT MYANMAR	R	985,656	FMV
DKT PAKISTAN	R	19,725,273	FMV
DKT PHILLIPINES INC	R	2,119,928	FMV
DKT INTERNATIONAL - SENEGAL	R	3,250,214	FMV
DKT INTERNATIONAL - IVORY COAST	R	342,404	FMV
DKT KENYA	R	416,894	FMV
TANZANIA LIMITED	R	2,492,870	FMV
DKT TURKEY	R	470,678	FMV
DKT INTERNATIONAL - IRAN	R	1,041,120	FMV
GOLDEN CHOICE COMPANY LIMITED	R	650,000	FMV
DKT MOZAMBIQUE LIMITADA	S	124,444	FMV