

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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.

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

Department of the Treasury

Internal Revenue Service

For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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: 1001 CONNECTICUT AVENUE NW 800. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20036

D Employer identification number: 58-1593137. E Telephone number: (202) 223-8780. G Gross receipts \$ 304,638,110

F Name and address of principal officer: CHRISTOPHER H PURDY, 1001 CONNECTICUT AVENUE NW 800, WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.DKTINTERNATIONAL.ORG

K Form of organization: Corporation

L Year of formation: 1984. M State of legal domicile: NC

Part I Summary

Table with 3 main sections: 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. 3-7a: Summary statistics (voting members, independent members, employees, volunteers, revenue). 7b: Net unrelated business taxable income. 8-12: Revenue (Contributions, program service, investment, other, total). 13-19: Expenses (Grants, benefits, salaries, fundraising, other, total, revenue less expenses). 20-22: Net Assets or Fund Balances (Total assets, total liabilities, net assets).

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 CHRISTOPHER H PURDY, Date 2025-09-30. Paid Preparer Use Only: Preparer's name GRANT THORNTON ADVISORS LLC, Date, PTIN P00847851, Firm's name, EIN, address, phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

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 \$ **156,633,424** including grants of \$) (Revenue \$ **104,919,128**)

DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD, SERVING 67.3 MILLION COUPLES IN 2024, AND PREVENTING 26.3 MILLION UNWANTED PREGNANCIES, 18.7 MILLION UNSAFE ABORTIONS AND 43,400 MATERNAL 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 OVER 100 COUNTRIES. DKT IMPROVES THE AVAILABILITY, ACCESSIBILITY, AND AFFORDABILITY OF MODERN CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS BROADLY. (SEE SCHEDULE O)DKT EXECUTES MARKETING AND PROMOTION CAMPAIGNS TO EDUCATE THE PUBLIC ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY, DKT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1984, DKT HAS BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2024, DKT PROVIDED AND SOLD 926.1 MILLION CONDOMS, 132.4 MILLION ORAL CONTRACEPTIVES, 29.5 MILLION EMERGENCY CONTRACEPTIVES, 44.9 MILLION INJECTABLE CONTRACEPTIVES, 6.0 MILLION IUDS, 2.1 MILLION HORMONAL IMPLANTS, 714,700 CONTRACEPTIVE SUPPOSITORIES, 5.4 MILLION MEDICAL ABORTION COMBINATION PACKS, 34.7 MILLION MISOPROSTOL PILLS, 282,600 MANUAL VACUUM ASPIRATION KITS, 1.6 MILLION CANNULE, 10.5 MILLION LUBRICANTS AND 62,600 TUBAL LIGATIONS AND VASECTOMIES.

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 **156,633,424**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, with various sub-questions and input fields for 'Yes', 'No', and numerical values.

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

Section A. Governing Body and Management

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

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 Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
KERI STOCKLAND 1001 CONNECTICUT AVENUE NW NO 800 WASHINGTON, DC 20036 (202) 223-8780

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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

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

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) CHRISTOPHER H PURDY PRESIDENT/CEO/DIRECTOR	40.00 24.00	X		X			714,212	41,370	310,517
(2) JULIE STEWART DIRECTOR; CHAIRMAN	0.25 0.00	X					0	0	0
(3) CARLOS GARCIA DIRECTOR	0.25 0.00	X					0	0	0
(4) KAREN PAK OPPENHEIMER DIRECTOR	0.25 0.00	X					0	0	0
(5) MATHEW REEVES DIRECTOR	0.25 0.00	X					0	0	0
(6) DANIEL MARUN CHIEF OPERATING OFFICER	40.00 0.00			X			362,981	0	66,050
(7) KERI STOCKLAND CHIEF FINANCIAL OFFICER	40.00 0.00			X			322,700	0	45,177
(8) DIMOSTHENIS SAKELLARIDIS PROGRAM MANAGER	40.00 0.00					X	543,198	0	34,095
(9) HYAM BOLANDE PROGRAM MANAGER	28.00 12.00					X	460,367	0	33,580
(10) JEAN CHRISTOPHE CARRAU PROGRAM MANAGER	40.00 0.00					X	388,226	0	33,113
(11) DAWAR WARAICH PROGRAM MANAGER	40.00 0.00					X	380,030	0	28,009
(12) MARIO FLORES PROGRAM MANAGER	40.00 0.00					X	336,490	0	31,935

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 Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e	17,584,543	
f All other contributions, gifts, grants, and similar amounts not included above		1f	31,791,744	
g Noncash contributions included in lines 1a - 1f:\$		1g	4,518,044	
h Total. Add lines 1a-1f				49,376,287

Program Service Revenue	Business Code			
		(A)	(B)	(C)
2a HEALTH CENTER FEES	900099	6,801,953	6,801,953	
b				
c				
d				
e				
f All other program service revenue.				
g Total. Add lines 2a-2f.		6,801,953		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,165,682		3,165,682	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
	6c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	16,093,355	931,028		
		(ii) Other				
		7b Less: cost or other basis and sales expenses	12,268,542	822,903		
	7c Gain or (loss)	3,824,813	108,125			
	d Net gain or (loss)		3,932,938		3,932,938	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		8b Less: direct expenses				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a	227,437,896				
	10b Less: cost of goods sold	129,320,721				
c Net income or (loss) from sales of inventory		98,117,175	98,117,175			

Other Revenue Misc Amt	Business Code			
		(A)	(B)	(C)
11a OTHER INCOME	900099	734,577		734,577
b ADMINISTRATION FEES	900099	97,332		97,332
c				
d All other revenue				
e Total. Add lines 11a-11d		831,909		
12 Total revenue. See instructions		162,225,944	104,919,128	0

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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,817,931		1,764,436	53,495
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	44,086,187	43,085,760	582,898	417,529
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	794,570	593,863	185,062	15,645
9 Other employee benefits	6,302,972	6,099,322	175,149	28,501
10 Payroll taxes	3,162,339	3,037,206	109,251	15,882
11 Fees for services (non-employees):				
a Management				
b Legal	1,355,239	1,323,513	31,726	
c Accounting	1,722,053	966,236	755,817	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,200	13,200		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,915,436	15,508,714	274,839	131,883
12 Advertising and promotion	39,099,097	39,099,097		
13 Office expenses	2,867,169	2,717,345	149,824	
14 Information technology	1,544,939	1,523,556	21,383	
15 Royalties				
16 Occupancy	9,870,751	9,656,878	213,873	
17 Travel	10,463,917	10,306,549	157,368	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,767,615	4,638,401	129,214	
20 Interest	1,092,423	1,092,423		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,642,803	1,628,377	14,426	
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 LICENSES AND TAXES	6,278,424	6,277,839	585	
b PROGRAM SUPPORT	3,689,369	3,639,348	50,021	
c BAD DEBT	2,708,640	2,708,640		
d REPAIRS AND MAINTENANCE	484,939	484,939		
e All other expenses	2,232,218	2,232,218		
25 Total functional expenses. Add lines 1 through 24e	161,912,231	156,633,424	4,615,872	662,935
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	69,140,217	1	64,724,673
	2 Savings and temporary cash investments	3,758,294	2	1,756,705
	3 Pledges and grants receivable, net	4,381,952	3	2,296,632
	4 Accounts receivable, net	49,340,417	4	52,086,042
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	67,728,270	8	63,932,609
	9 Prepaid expenses and deferred charges	14,350,548	9	19,033,230
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,243,241		
	b Less: accumulated depreciation	10b 11,824,130	7,404,982	10c 9,419,111
	11 Investments—publicly traded securities	111,848,184	11	123,640,600
	12 Investments—other securities. See Part IV, line 11	2,683,921	12	2,775,389
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,218,267	15	8,564,705
16 Total assets: Add lines 1 through 15 (must equal line 33)	341,855,052	16	348,229,696	
Liabilities	17 Accounts payable and accrued expenses	88,580,317	17	87,721,637
	18 Grants payable		18	
	19 Deferred revenue	7,264,866	19	11,631,067
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	5,193,129	24	8,835,030
Net Assets or Fund Balances	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	172,350	25	1,021,993
	26 Total liabilities: Add lines 17 through 25	101,210,662	26	109,209,727
	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	228,461,661	27	230,996,528
	28 Net assets with donor restrictions	12,182,729	28	8,023,441
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	240,644,390	32	239,019,969
33 Total liabilities and net assets/fund balances	341,855,052	33	348,229,696	

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	162,225,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,912,231
3	Revenue less expenses. Subtract line 2 from line 1	3	313,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	240,644,390
5	Net unrealized gains (losses) on investments	5	12,195,226
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	-14,133,360
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	239,019,969

Part XII Financial Statements and Reporting

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

		Yes	No
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 on Schedule O.		
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		No
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	Yes	
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.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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).)
- 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 **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 on 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage for 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,904,626	54,890,385	46,775,719	50,844,142	49,376,287	268,791,159
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	167,697,562	193,978,854	219,995,329	236,236,353	234,239,849	1,052,147,947
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	234,602,188	248,869,239	266,771,048	287,080,495	283,616,136	1,320,939,106
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	35,345,874	25,711,009	20,550,165	22,046,817	25,173,185	128,827,050
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						0
c Add lines 7a and 7b.	35,345,874	25,711,009	20,550,165	22,046,817	25,173,185	128,827,050
8 Public support. (Subtract line 7c from line 6.)						1,192,112,056

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.	234,602,188	248,869,239	266,771,048	287,080,495	283,616,136	1,320,939,106
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,039,587	1,755,252	2,153,151	2,585,671	3,165,682	11,699,343
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2,039,587	1,755,252	2,153,151	2,585,671	3,165,682	11,699,343
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	991,836	1,210,568	1,328,311	412,178	831,909	4,774,802
13 Total support. (Add lines 9, 10c, 11, and 12.)	237,633,611	251,835,059	270,252,510	290,078,344	287,613,727	1,337,413,251
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	89.140 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	92.830 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	0.870 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0.990 %

19a 33 1/3% support tests—2024. 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—2023. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

	Yes	No
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

- 1** Did the officers, 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? *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.*

	Yes	No
1		
- 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? *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.*

	Yes	No
2		

Section C. Type II Supporting Organizations

- 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)? *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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?

	Yes	No
1		
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

	Yes	No
2		
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
3		

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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

	Yes	No
2a		
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*

	Yes	No
3a		
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
3b		

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 (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

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** 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (<i>reasonable cause required-- explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2020 AMOUNT: \$ 991,836. 2021 AMOUNT: \$ 1,210,568. 2022 AMOUNT: \$ 1,328,311. 2023 AMOUNT: \$ 412,178. 2024 AMOUNT: \$ 831,909.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization DKT INTERNATIONAL INC	Employer identification number 58-1593137
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
DKT INTERNATIONAL INC

Employer identification number
58-1593137

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
DKT INTERNATIONAL INC

Employer identification number

58-1593137

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization DKT INTERNATIONAL INC	Employer identification number 58-1593137
---	--

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

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

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? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" 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 July 25, 2006, 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 FASB 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 FASB 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 FASB 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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** Term 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 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		3,283,348		3,283,348
b Buildings		338,342	222,752	115,590
c Leasehold improvements		3,195,159	2,103,574	1,091,585
d Equipment		12,325,337	8,114,546	4,210,791
e Other		2,101,055	1,383,258	717,797
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				9,419,111

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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	
CONTRACT LIABILITIES	1,021,993
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,021,993

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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
PART X, LINE 2:	UNCERTAIN TAX POSITIONS UNDER FIN 48 DKT INTERNATIONAL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Statement of Activities Outside the United States

OMB No. 1545-0047

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

▶ **Attach to Form 990.**

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

**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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	3	0	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	1,100,805
(2) EAST ASIA AND THE PACIFIC	16	451	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	123,130,538
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	4	32	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	13,030,291
(4) MIDDLE EAST AND NORTH AFRICA	4	72	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	5,846,641
(5) NORTH AMERICA	4	231	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	35,547,796
(6) SOUTH AMERICA	12	112	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	34,623,387
(7) SOUTH ASIA	6	1,192	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	29,439,070
(8) SUB-SAHARAN AFRICA	18	980	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	74,562,993
(9) EAST ASIA AND THE PACIFIC			INVESTMENT IN AFFILIATES		24,842,625
(10) EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENT IN AFFILIATES		4,425,410
(11) MIDDLE EAST AND NORTH AFRICA			INVESTMENT IN AFFILIATES		-1,953,832
(12) NORTH AMERICA			INVESTMENT IN AFFILIATES		836,970
(13) SOUTH AMERICA			INVESTMENT IN AFFILIATES		1,595,876
(14) SOUTH ASIA			INVESTMENT IN AFFILIATES		9,005,690
(15) SUB-SAHARAN AFRICA			INVESTMENT IN AFFILIATES		33,422,290
(16)					
(17)					
3a Sub-total	67	3,070			317,281,521
b Total from continuation sheets to Part I	0	0			72,175,029
c Totals (add lines 3a and 3b)	67	3,070			389,456,550

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on 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 noncash assistance	(g) Description of noncash 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; don't 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; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

(Rev. January 2025)

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

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

- 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.
- First-class or charter travel
 - Travel for companions
 - Tax idemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 on Line 1a?

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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

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

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:

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

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

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a	Yes	
5b	Yes	
6a		No
6b		No
7	Yes	
8		No
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, 1099-MISC compensation, and/or 1099-NEC			(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/DIRECTOR	(i)	158,269	83,471	472,472	261,515	45,296	1,021,023	322,683
	(ii)	----- 37,059	----- 4,311	----- 0	----- 3,706	----- 0	----- 45,076	----- 0
2 DIMOSTHENIS SAKELLARIDIS PROGRAM MANAGER	(i)	140,333	340,661	62,204	14,033	20,062	577,293	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 HYAM BOLANDE PROGRAM MANAGER	(i)	135,167	251,059	74,141	13,517	20,063	493,947	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 DANIEL MARUN CHIEF OPERATING OFFICER	(i)	192,628	167,813	2,540	12,060	53,990	429,031	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 JEAN CHRISTOPHE CARRAU PROGRAM MANAGER	(i)	130,500	127,666	130,060	13,050	20,063	421,339	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 DAWAR WARAICH PROGRAM MANAGER	(i)	123,000	184,634	72,396	12,300	15,709	408,039	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 MARIO FLORES PROGRAM MANAGER	(i)	119,167	133,516	83,807	11,917	20,018	368,425	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 KERI STOCKLAND CHIEF FINANCIAL OFFICER	(i)	279,695	42,916	89	28,595	16,582	367,877	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 ELIGIBLE INTERNATIONAL EMPLOYEES ONLY. THOSE EMPLOYEES WHO SERVE IN THE COUNTRY OF WHICH THEY ARE CITIZENS ARE NOT ENTITLED TO HOME LEAVE. EVERY TWO YEARS DKT WILL PROVIDE ROUNDTRIP COACH AIRFARE FOR THE EMPLOYEE AND MEMBERS OF HIS/HER IMMEDIATE FAMILY TO THE HOME LEAVE DESTINATION OF THE EMPLOYEE'S CHOICE. DKT GROSSES UP THE EMPLOYEES' PAYROLL TAXES PAID ON RELOCATION EXPENSES. DKT ALSO PROVIDES HOUSING ALLOWANCE FOR SOME OVERSEAS EMPLOYEES.
PART I, LINE 4B	CHRISTOPHER H. PURDY, PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL, NONQUALIFIED 457(F) RETIREMENT PLAN. IN 2024, HE VESTED A PAYOUT OF \$472,215 BASED ON \$322,683 OF PRIOR YEAR CONTRIBUTIONS THAT WAS PREVIOUSLY REPORTED ON FORM 990. CHRISTOPHER PURDY ALSO ACCRUED \$231,015 FROM HIS PARTICIPATION IN THE PLAN AS REPORTED IN SCHEDULE J, COLUMN (C).
PART I, LINES 5 AND 7:	THE ORGANIZATION SET SALES, FUNDRAISING, CYP (OUR MAIN KPI), AND REMITTANCE TARGETS FOR CERTAIN EMPLOYEES AND ORGANIZATIONALLY. IF THOSE TARGETS ARE MET, THE CEO HAS THE DISCRETION TO AWARD CASH COLLECTIONS, FUNDRAISING, CYP, AND REMITTANCE BONUSES TO THOSE ELIGIBLE EMPLOYEES. THE BOARD EVALUATES THESE BONUS PAYMENTS AS PART OF ITS PROCEDURES IN DETERMINING REASONABLE COMPENSATION FOR THE CEO.

Additional Data

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Software ID:

Software Version:

Noncash Contributions

2024

Open to Public Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DKT INTERNATIONAL INC

Employer identification number

58-1593137

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	4,518,044	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT PROVIDED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

Return to Form

Software ID:

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SCHEDULE O
(Form 990)(Rev. January 2025)
Department of the Treasury
Internal Revenue Service**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.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
InspectionName of the organization
DKT INTERNATIONAL INC

Employer identification number

58-1593137

Return Reference	Explanation
FORM 990, PART I, LINE 1	DKT INTERNATIONAL, INC. IS A NONPROFIT CORPORATION FOUNDED IN 1984 IN THE UNITED STATES FOR THE PURPOSE OF DESIGNING AND IMPLEMENTING FAMILY PLANNING PROJECTS IN DEVELOPING COUNTRIES. DKT INTERNATIONAL, INC. AND ITS AFFILIATES (COLLECTIVELY REFERRED TO AS DKT) DIRECT SOCIAL MARKETING PROGRAMS MAINLY IN DEVELOPING COUNTRIES BUT HAVE ALSO EXPANDED TO SELL PRODUCTS IN DEVELOPED COUNTRIES. DKT IS ONE OF THE WORLD'S LARGEST PROVIDERS OF FAMILY PLANNING, HIV/AIDS PREVENTION AND SAFE ABORTION PRODUCTS AND SERVICES. ALL ACTIVITIES OF DKT ARE FUNDED PRIMARILY FROM PRODUCT SALES AND FROM GRANTS AND CONTRIBUTIONS. DKT IS AN INTERNATIONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF COLUMBIA, BUT OPERATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES AROUND THE WORLD. THESE LEGAL SUBSIDIARIES CONDUCT THE PROGRAMMATIC FUNCTION OF DKT, INCLUDING THE DISTRIBUTION OF CONTRACEPTION PRODUCTS. DKT INTERNATIONAL, THE U.S. HEADQUARTERS IS THE PRIMARY FUNDING AGENCY OF ALL THE SUBSIDIARIES, AND REPORTING JUST THE OPERATIONS OF DKT INTERNATIONAL INC. DOES NOT GIVE THE READER OR THE IRS A FULL PICTURE OF THE ACTIVITIES OF THE ORGANIZATION. DKT HAS CHOSEN TO REPORT THE COMPLETE ACTIVITIES OF DKT, INCLUDING THE OPERATIONS OF ITS MANY LEGAL SUBSIDIARY CORPORATIONS IN ORDER TO ENHANCE TRANSPARENCY TO THE READER. IF REPORTED ON AN UNCONSOLIDATED BASIS, THE U.S. HEADQUARTERS WOULD REPORT REVENUE OF \$56.6 MILLION, COMPRISED MOSTLY FROM CONTRIBUTIONS WITH EXPENSES OF \$50.7 MILLION. CONSIDERING THE ACTIVITIES ONLY OF THE U.S. ENTITY OF DKT, THE PUBLIC SUPPORT PERCENTAGE CONTINUES TO BE ABOVE THE REQUIRED MINIMUM OF 33 1/3% AS REQUIRED BY IRC 509(A)(2).
FORM 990, PART I, LINE 5:	NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR THE TOTAL NUMBER OF U.S. CITIZENS RECEIVING FORMS W-2 IS 24 AND THE TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT U.S. CITIZENS NOT RECEIVING FORMS W-2 ARE 3,070. THEREFORE, THE TOTAL EMPLOYEES FOR THE ORGANIZATION WORLDWIDE IS 3,094.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE PRESIDENT, CFO, AND MEMBERS OF THE AUDIT/FINANCE COMMITTEE REVIEW THE FEDERAL FORM 990 AGAINST THE AUDITED FINANCIAL STATEMENTS TO ENSURE ACCURACY AND AGREEMENT BETWEEN THE TWO DOCUMENTS. THE PRESIDENT AND/OR CFO POSE QUESTIONS TO THE TAX PREPARER FOR CLARIFICATION AFTER THE REVIEW BY THE FINANCE/AUDIT COMMITTEE IF NECESSARY. THE FULL BOARD OF DIRECTORS REVIEWS FEDERAL FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY BOARD MEMBERS ARE REQUIRED TO COMPLETE THE FORM INITIALLY AND THEN REVIEW AND REVISE PERIODICALLY AS RELEVANT CHANGES MAY BE INDICATED BY BOARD MEMBERS. A DECISION IS MADE TO DETERMINE WHETHER THE MEMBER MUST ABSTAIN IN VOTING ON ANY MATTERS WHERE THE CONFLICT MAY BE AN ISSUE. ANY EMPLOYEE, WHO BELIEVES HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH DKT, SHALL NOTIFY HR IN WRITING. IF SAID EMPLOYEE IS THE PRESIDENT, HE SHALL NOTIFY THE BOARD OF DIRECTORS IN WRITING. HR AND PRESIDENT SHALL ANALYZE SUCH POSSIBLE CONFLICT AND IF A CONFLICT IS FOUND TO EXIST, THE PROPOSED TRANSACTION SHALL NOT PROCEED WITHOUT A CAREFUL ANALYSIS OF ALTERNATIVES NOT PRESENTING A CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15	PROCESS OF DETERMINING COMPENSATION THE BOARD OF DIRECTORS HAS IN THE PAST OBTAINED COMPARABILITY STATISTICS FROM ORGANIZATIONS OF SIMILAR SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF RESPONSIBILITY. THEY CONSIDER FACTORS INCLUDING PRIOR EXPERIENCE, SECTOR KNOWLEDGE, SENIORITY, AND SPECIAL SKILLS NEEDED FOR THE PARTICULAR POSITION. DKT HAS A COMPENSATION COMMITTEE COMPRISED OF TWO (2) INDEPENDENT DIRECTORS WHO DETERMINE THE LEVEL OF COMPENSATION OF THE CEO. THERE WERE NO CHANGES IN THE SALARY STRUCTURE OF THE CEO DURING THE YEAR BEYOND A SALARY INCREASE.
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF ORGANIZATIONAL DOCUMENTS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).
FORM 990, PART XI, LINE 9:	FOREIGN CURRENCY TRANSLATION GAIN (LOSS) -14,743,881. REVERSAL OF PRIOR YEAR PROVISIONS FOR BAD DEBT 610,521.
SCHEDULE B	ALTHOUGH THE ORGANIZATION FILES AS AN EXEMPT ORGANIZATION UNDER SECTION 509(A)(2), THE ORGANIZATION HAS VERIFIED IT WOULD MEET THE PUBLIC SUPPORT TEST UNDER SECTION 170(B)(1)(A)(VI) AND HAS THEREFORE COMPLETED SCHEDULE B USING SPECIAL RULE REPORTING.

Additional Data

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Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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
(1) WOMANCARE GLOBAL LLC 1640 ROANOKE BLVD SALEM, VA 24153 93-1878347	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VA	6,751,586	10,357,405	DKT

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)DKT DR CONGO 372 AVE COLONEL MONDJIBA KINSHASA CG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CG	N/A		DKT	Yes	
(2)DINK KISTET LETENA (DKT ETHIOPIA) PO BOX 8744 ADDIS ABABA ET	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ET	N/A		DKT	Yes	
(3)DKT INTERNATIONAL INC GHANA HSC327/14NII BONEY ST DZORWULU ACCRA GH	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GH	N/A		DKT	Yes	
(4)DKT INTERNATIONAL INC - LIBERIA 24 STREET AIRFIELD SHORTCUT ROAD MONROVIA LI	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	LI	N/A		DKT	Yes	
(5)DKT INTERNATIONAL INC SIERRA LEONE 13B MADONGO TOWN OFFMOTOR ROAD CO FREETOWN SL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SL	N/A		DKT	Yes	
(6)JANANI B-1/ 46 SAFDARJUNG ENCLAVE DELHI 110029 IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	N/A		DKT	Yes	
(7)DKT INDIA HEM-DIL 67 A LINKING ROAD OPP ST MUMBAI 400054 IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	N/A		DKT	Yes	
(8)YAYASAN DKT INDONESIA RDTX PLACE 10TH FLOOR J1 PROF DR SA JAKARTA ID	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ID	N/A		DKT	Yes	
(9)DKT INTERNATIONAL INC MYANMAR BRANCH NO 10 B/1 THUKAHWADDI ROAD WARD YANKIN TOWNSHIP BM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BM	N/A		DKT	Yes	
(10)DEEP K TYAGI FOUNDATION NIGERIA 2 IWAYA ROAD ONIKE YABA LAGOS NI	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	NI	N/A		DKT	Yes	
(11)DKT INTERNATIONAL INC - REGIONAL OPERATING HEADQUARTERS 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	N/A		DKT	Yes	
(12)DKT PHILIPPINES FOUNDATION INC 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	N/A		DKT	Yes	
(13)DKT INTERNATIONAL TANZANIA PLOT NO 372 OYSTER PEARL GALLERIA ND FL UNIT PO BOX, OYSTERBAY TZ	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TZ	N/A		DKT	Yes	
(14)REPRESENTATIVE OFFICE OF DKT INTERNATIONAL INC IN HANOI 13TH FLOOR ICON4 TOWER 243A DE LA T	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VM	N/A		DKT	Yes	

(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
HANOI VM							
(15)DKT INTERNATIONAL FOUNDATION UK ONE BARTHOLOMEW CLOSE LONDON EC1A 7BL UK	FAMILY PLANNING	UK	N/A		DKT	Yes	
(16)FEMHEALTH USA INC 1001 CONNECTICUT AVE NW SUITE 805 WASHINGTON, DC 20036 46-4144274	FAMILY PLANNING	DC	501(C)(3)	LINE 7	DKT	Yes	
(17)DKT MYANMAR (INTERNATIONAL NON-GOVERNMENTAL ORGANIZATION) NO 10 B/1 THUKAHWADDI ROAD WARD YANKIN TOWNSHIP BM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BM	N/A		DKT	Yes	
(18)EME DE MUJER AC ANILLO DE CIRCUNVALACION 127 FLOOR MEXICO CITY 04370 MX	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MX	N/A		DKT	Yes	
(19)TELEFEM AC ANILLO DE CIRCUNVALACION 127 FLOOR MEXICO CITY 04370 MX	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MX	N/A		DKT	Yes	
(20)ASOCIACION DECIDE Y PLANIFIKT AVENIDA FERROCARRIL 19-97 ZONA 12 E GUATEMALA 610 GT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GT	N/A		DKT	Yes	
(21)DKT INTERNATIONAL COTE D'IVOIRE ONG ANGRE 8IME TRANCHE LOT 710 ILOT 4 ABIDJAN IV	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IV	N/A		DKT	Yes	
(22)DKT BURUNDI 20 AVENUE MAKAMBA QROHERO I COMMUN BUJUMBURA MAIRIE BY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BY	N/A		DKT	Yes	
(23)DKT CONGO BRAZZAVILLE 1527 RUE LEKOU MOU PLATEAU DES 15 BRAZZAVILLE CF	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CF	N/A		DKT	Yes	

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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	
(1) PHP HOLDINGS LLC 1640 ROANOKE BLVD SALEM, VA 24153 83-2555978	HOLDING COMPANY	VA	DKT	RELATED	-3,998	2,104,526		No			No	50.000 %

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
(1)DKT ARGENTINA SA AV SANTA FE 900 - PISO 4 BUENOS AIRES AR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	AR	DKT	C	52,238	220,149	100.000 %	Yes	
(2)DKT BOLIVIA IMPORTADORA Y COMERCIALIZADORA DE AV SAN MARTIN PISO 19 SANTA CRUZ DE LA SIERRA, SANTA CRUZ BL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BL	DKT	C	166,692	852,751	99.990 %	Yes	
(3)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	8,824,092	22,672,207	100.000 %	Yes	
(4)SYB SALUD Y BELLEZA INTERNACIONAL SA RUTA 8 KM 17500 - ZONA AMERICA MONTEVIDEO UY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UY	DKT	C	1,532,489	10,803,514	100.000 %	Yes	
(5)DKT CHILE SAP EL GOLF 150 FLOOR 4 LOS CONDES SANTIAGO CI	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CI	DKT	C	412,356	2,540,786	100.000 %	Yes	
(6)DKT COLOMBIA SAS CL 70 A NR 4-41 BOGOTA CO	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CO	DKT	C	8,104	637,523	100.000 %	Yes	
(7)DKT ECUADOR SA AV REPUBLICA DEL SALVADOR 1082 QUITO EC	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EC	DKT	C	135,681	390,585	100.000 %	Yes	
(8)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		9,099,892	100.000 %	Yes	
(9)DKT PARAGUAY SOCIEDAD ANONIMA JUAN DE SALAZAR 657 E/ PROF RAMIRE ASUNCION PA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PA	DKT	C	67,477	474,227	100.000 %	Yes	
(10)DKT PERU SAC JR MARISCAL DE LAS HERAS N 687 L LIMA PE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PE	DKT	C	124,536	600,996	100.000 %	Yes	
(11)DKT URUGUAY SA CALLE COLONIA 810 APTO 403 MONTEVIDEO UY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UY	DKT	C	150,219	750,777	100.000 %	Yes	
(12)DKT EGYPT LLC (091) 17 EL-TAKA STREET 8TH FLOORNASR C CAIRO EG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EG	DKT	C		34,745	96.000 %	Yes	
(13)DKT LLC (092) 17 EL-TAKA STREET 8TH FLOORNASR C CAIRO EG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EG	DKT	C	830,965	1,782,346	92.000 %	Yes	
(14)DKT HEALTHCARE INDIA PRIVATE LTD HEM-DIL 67 A LINKING ROAD OPP ST MUMBAI 400054 IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	DKT	C	3,695,440	2,603,150	100.000 %	Yes	
(15)PT DKT INTERNATIONAL RDTX PLACE 10 TH FLOOR JL PROF JAKARTA ID	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ID	DKT	C	8,920,969	14,651,289	99.900 %	Yes	
(16)PT DHARMENDRA KUMAR TIYAGI INDONESIA RDTX PLACE 10 TH FLOOR JL PROF JAKARTA ID	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ID	DKT	C	17,407,040	21,117,195	99.990 %	Yes	
(17)DKT DE MEXICO SA DE CV ANILLO DE CIRCUNVALACION 127 FLOOR MEXICO CITY 4370 MX	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MX	DKT	C	23,671,737	20,654,088	100.000 %	Yes	
(18)DKT MOZAMBIQUE LIMITADA AVENIDA CAHORA BASSA 26 SOMMERSC MAPUTO MZ	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MZ	DKT	C	2,127,716	2,823,186	100.000 %	Yes	
(19)DKT PAKISTAN (PRIVATE) LIMITED PLOT 34-C KHALID COMMERCIAL STRE KARACHI PK	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PK	DKT	C	5,185,480	4,573,420	100.000 %	Yes	
(20)ASIA RH SUPPLY PTE LTD 30 CECIL STREET 19-08 PRUDENTIAL SINGAPORE 049712 SN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SN	DKT	C	5,278,175	7,424,308	100.000 %	Yes	
(21)DKT INTERNATIONAL TANZANIA LIMITED PLOT NO 372 OYSTER PEARL GALLERIA ND FL UNIT PO BOX, OYSTERBAY TZ	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TZ	DKT	C		23,820	99.990 %	Yes	
(22)DKT INTERNATIONAL SEGAL COMPANY (PRIVATE JOINT STOCKS) BARAN TOWER UNIT 11 NO122 HAGHA WEST TH SAADATABAD BLVD IR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IR	DKT	C		710,818	99.990 %	Yes	
(23)DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI ITHALAT TICARET LIMITED SIRKETI MANSUROGLU MAHALLESİ 1583/1 IZMIR TU	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TU	DKT	C	934,254	2,573,583	97.480 %	Yes	
(24)DKT INTERNATIONAL SENEGAL SUARL ALMADIES ZONE 10 PARCELLES N22 BP DAKAR 24487 SG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SG	DKT	C	4,366,112	3,030,499	100.000 %	Yes	
(25)DKT INTERNATIONAL CAMEROON SUARL BONAMOUSSADI OPPOSITE QUIFEUROU SAB DOUALA 24169 CM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CM	DKT	C	1,537,865	1,326,026	100.000 %	Yes	
(26)DKT INTERNATIONAL COTE D'IVOIRE SUARL ABIDJAN COCODY II PLATEAUX LOT 69 ABIDJAN IV	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IV	DKT	C	2,209,595	1,132,879	100.000 %	Yes	
(27)GOLDEN CHOICE COMPANY LIMITED FL 11 UNIT 1102 MB SUNNY TOWER CO GIANG WARD DISTRICT VM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VM	DKT	C	1,623,696	3,278,145	100.000 %	Yes	
(28)DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD BOA HOUSE 5TH FLOOR WESTLANDS NAIROBI KE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	KE	DKT	C	2,497,592	3,728,511	100.000 %	Yes	
(29)DKT HEALTHCARE INTERNATIONAL UGANDA LTD 14-18 COOPER ROAD 4TH FLOOR ACACIA KAMPALA UG	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UG	DKT	C	2,155,116	2,774,688	100.000 %	Yes	
(30)WOMANCARE GLOBAL TRADING CIC ONE BARTHOLOMEW CLOSE LONDON EC1A 7BL UK	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UK	DKT	C	3,846,050	1,892,502	100.000 %	Yes	
(31)DKT WOMANCARE GLOBAL SERVICES 1-3 RUE DE PENTHIEVRE 75008 PARIS PARIS 75008 FR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	FR	DKT	C	2,835,841	1,812,712	100.000 %	Yes	
(32)DKT INTERNATIONAL INC - JORDAN WII 151 WASFI ALTAL STREET AL SALHEEN AMMAN JO	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	JO	DKT	C	49,621	523,158	100.000 %	Yes	
(33)DKT INTERNATIONAL INC AFGHANISTAN SUITE NO 14 4TH FLOOR KHALID TAR KABUL AF	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	AF	DKT	C	375,903	842,027	100.000 %	Yes	
(34)DKT BEIJING INTERNATIONAL TRADE CO LTD SHUANG ZI ZUO MANSION EAST TOWER JIAN GUO MEN WAI DA STREET YI AREA CH	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CH	DKT	C			100.000 %	Yes	
(35)SYB DE MEXICO SA DE CV RODRIGUEZ SARO 523 LOCAL 5A COLONIA ALCALDIA BENITO JUAREZ 3100 MX	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MX	DKT	C		2,410	100.000 %	Yes	
(36)DKT HEALTH INC 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	13,713,007	27,818,315	100.000 %	Yes	
(37)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	42,085	3,138,845	100.000 %	Yes	
(38)HEALTHSENSE INC 80 EAST RODRIGUEZ JR AVENUE C-5 L QUEZON CITY 1110 RP	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	RP	DKT	C	-1,562	87,880	100.000 %	Yes	
(39)DKT SERVICES LIMITED BLOCK 51 23 STREET OMARAT KHARTOUM SU	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SU	DKT	C			99.000 %	Yes	
(40)MODERN CHOICE EXPERTS CO LTD NO 10 B/1 THUKAHWADDI ROAD WARD YANKIN TOWNSHIP BM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BM	DKT	C	2,617,047	6,934,063	100.000 %	Yes	
(41)DKT DE GUATEMALA SA AVENIDA FERROCARRIL 19-97 ZONA 12 E GUATEMALA 610 GT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GT	DKT	C	706,526	1,048,273	99.000 %	Yes	
(42)DKT DE PANAMA SA CORREGIMIENTO DE BELLA VISTA CALLE OBARRIO SORTIS BUSINESS TOWER OFICI 2030 PM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PM	DKT	C		10,000	100.000 %	Yes	
(43)DKT VENEZUELA CA LOS HEMETICOS CASA 2 QUINTA NAVA S BOLIVARIANO VE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VE	DKT	C		1	100.000 %	Yes	
(44)JANANI FAMILY CARE PRIVATE LIMITED FLAT NO 253 PLOT-4 THE SETH VIHA NEW DELHI 110078 IN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IN	DKT	C	2,807,645	1,425,134	99.990 %	Yes	
(45)RD HOLDING LLC AND SUBSIDIARIES 302 E WASHINGTON ST UNIT 1134 MONROE, GA 306551411	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GA	DKT	C	2,958,629	5,865,956	100.000 %	Yes	
(46)WOMANCARE GLOBAL LLC 1640 ROANOKE BLVD SALEM, VA 24153 93-1878347	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VA	DKT	C	6,751,586	10,357,405	100.000 %	Yes	

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e	Yes	
1f	Yes	
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DKT DR CONGO	B	6,821,045	CASH
(2) DINK KISTET LETENA (DKT ETHIOPIA)	B	1,071,750	CASH
(3) DKT INTERNATIONAL INC GHANA	B	3,798,118	CASH
(4) DKT INDIA	B	1,300,150	CASH
(5) JANANI FAMILY CARE PRIVATE LIMITED	B	2,264,340	CASH
(6) DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD	B	1,702,406	CASH
(7) SYB DE MEXICO SA DE CV	B	349,350	CASH
(8) DKT MOZAMBIQUE LIMITADA	B	2,360,128	CASH
(9) DKT INTERNATIONAL INC MYANMAR BRANCH	B	900,000	CASH
(10) DEEP K TYAGI FOUNDATION NIGERIA	B	4,676,796	CASH
(11) DKT PAKISTAN (PRIVATE) LIMITED	B	1,083,420	CASH
(12) DKT INTERNATIONAL INC AFGHANISTAN	B	517,782	CASH
(13) DKT INTERNATIONAL SENEGAL SUARL	B	4,269,979	CASH
(14) DKT HEALTHCARE INTERNATIONAL UGANDA LTD	B	850,000	CASH
(15) REPRESENTATIVE OFFICE OF DKT INTERNATIONAL INC IN HANOI	B	600,000	CASH
(16) DKT INTERNATIONAL CAMEROON SUARL	B	1,433,587	CASH
(17) DKT INTERNATIONAL COTE D'IVOIRE SUARL	B	1,885,959	CASH
(18) FEMHEALTH USA INC	B	760,000	CASH
(19) DKT INTERNATIONAL ISTANBUL SAGLIK	B	297,870	CASH
(20) WOMANCARE GLOBAL SERVICES	B	776	CASH
(21) RD HOLDING LLC	B	4,182,000	CASH
(22) DINK KISTET LETENA (DKT ETHIOPIA)	M	506,115	CASH
(23) DKT INTERNATIONAL INC MYANMAR BRANCH	M	57,893	CASH
(24) DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA	M	172,160	CASH
(25) SYB SALUD Y BELLEZA INTERNACIONAL SA	M	11,370	CASH
(26) PT DHARMENDRA KUMAR TIYAGI INDONESIA	F	4,010,030	CASH
(27) ASIA RH SUPPLY PTE LTD	F	4,239,359	CASH
(28) PT DKT INDONESIA	F	1,145,450	CASH

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

Additional Data[Return to Form](#)

Software ID:
Software Version: