

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DKT INTERNATIONAL, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1701 K STREET, NW 900 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006 F Name and address of principal officer: CHRISTOPHER H. PURDY SAME AS C ABOVE	D Employer identification number 58-1593137 E Telephone number (202) 233-8780 G Gross receipts \$ 198,087,145. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DKTINTERNATIONAL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO AFFORDABLE AND SAFE OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 26 6 Total number of volunteers (estimate if necessary) 6 3 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 44,926,846. Prior Year 9 Program service revenue (Part VIII, line 2g) 102,398,614. Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,126,828. 77,869,608. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 70,578. 94,459,585. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 149,522,866. 3,187,220. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 2,890,368. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 149,522,866. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19,639,488. 178,406,781. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 268,159. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 117,557,759. 20,391,921. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 137,197,247. 117,557,759. 19 Revenue less expenses. Subtract line 18 from line 12 12,325,619. 132,707,880.	
Expenses	20 Total assets (Part X, line 16) 156,275,623. Beginning of Current Year 21 Total liabilities (Part X, line 26) 32,586,073. End of Year 22 Net assets or fund balances. Subtract line 21 from line 20 123,689,550. 156,275,623. 32,586,073. 123,689,550.	
Net Assets or Fund Balances		

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, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH Preparer's signature <i>Frank H. Smith</i> Date 10/13/15 Check if self-employed <input type="checkbox"/> PTIN P00639053 Firm's name ▶ RAFFA, P.C. Firm's EIN ▶ 52-1511275 Firm's address ▶ 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036 Phone no. 202-822-5000	

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

COPY

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 121,378,962. including grants of \$ 0.) (Revenue \$ 94,459,585.) DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD, SERVING 28 MILLION COUPLES IN 2014, AND PREVENTING 6.5 MILLION UNWANTED PREGNANCIES, 12,527 MATERNAL DEATHS, 3.6 MILLION ABORTIONS.

SINCE 1989, DKT HAS BEEN PROMOTING FAMILY PLANNING AND HIV/AIDS PREVENTION THROUGH SOCIAL MARKETING. DKT HAS 21 PROGRAMS IN 19 COUNTRIES AND IN 2014 IT PROVIDED AND SOLD ALMOST 553 MILLION CONDOMS, 86 MILLION CYCLES OF ORAL CONTRACEPTIVES, OVER 20 MILLION INJECTABLE CONTRACEPTIVES, 2.4 MILLION IUDS, AND 9.3 MILLION MISOPROSTOL PILLS.

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 121,378,962.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 21 through 38 regarding grants, assistance, compensation, tax-exempt bonds, and controlled entities.

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a 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: a The governing body? b 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 in 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 in 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; 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: CHRISTOPHER H. PURDY - (202) 223-8780 1701 K STREET NW, NO. 900, WASHINGTON, DC 20006

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP D. HARVEY FOUNDER, AND PRESIDENT - UNTIL 2013	40.00	X		X			65,000.	0.	0.	
(2) CHRISTOPHER H. PURDY PRESIDENT & CEO	40.00	X		X			454,308.	0.	40,637.	
(3) ROBERT L. CISZEWSKI VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(4) MICHELE THORBURN ASSISTANT SECRETARY	40.00	X		X			68,574.	0.	13,714.	
(5) TIMOTHY R. L. BLACK, MD DIRECTOR	5.00	X					0.	0.	0.	
(6) CARLOS GARCIA DIRECTOR	3.00	X					0.	0.	0.	
(7) JULIE STEWART DIRECTOR	3.00	X					0.	0.	0.	
(8) TERRY SCOTT PROGRAM MANAGER	40.00				X		469,654.	0.	4,829.	
(9) TODD M. CALLAHAN PROGRAM MANAGER	40.00				X		389,652.	0.	25,634.	
(10) DANIEL MARUN PROGRAM MANAGER	40.00				X		365,586.	0.	0.	
(11) ANDREW B. PILLER PROGRAM MANAGER	40.00				X		296,514.	0.	37,165.	
(12) PATRICK LOUVEL PROGRAM MANAGER	40.00				X		231,995.	0.	24,678.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							2,341,283.	0.	146,657.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,341,283.	0.	146,657.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COLEMAN HUNTOON BROWN, PLLC, 100 EUROPA DRIVE, SUITE 445, CHAPEL HILL, NC 27517	ACCOUNTING SERVICES	339,254.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	749,947.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	77119661.			
	g	Noncash contributions included in lines 1a-1f: \$		3,169,628.			
	h	Total. Add lines 1a-1f		77869608.			
	Program Service Revenue	2 a	FAMILY PLANNING SALES	Business Code 900099	94459585.	94459585.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		94459585.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		745,209.		745,209.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		99,269.		99,269.	
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	22122375			
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)		19680364			
		Net gain or (loss)		2442011.	2,442,011.		2442011.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	900099	2,791,099.			2791099.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,791,099.				
12	Total revenue. See instructions.		178406781.	94459585.	0.	6077588.	

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	642,233.	83,490.	481,676.	77,067.
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	18,316,553.	12,711,512.	5,413,949.	191,092.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	131,117.	78,196.	52,921.	
9 Other employee benefits	1,151,311.	1,034,542.	116,769.	
10 Payroll taxes	150,707.	109,693.	41,014.	
11 Fees for services (non-employees):				
a Management				
b Legal	45,156.		45,156.	
c Accounting	579,483.		579,483.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,465,317.	8,787,422.	677,895.	
12 Advertising and promotion	24,706,718.	24,668,983.	37,735.	
13 Office expenses	4,759,699.	4,625,337.	134,362.	
14 Information technology				
15 Royalties				
16 Occupancy	2,067,165.	1,919,443.	147,722.	
17 Travel	4,367,702.	4,289,127.	78,575.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,019,278.	4,008,250.	11,028.	
20 Interest	210,250.	210,250.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	764,269.	756,472.	7,797.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF SALES	51,652,516.	51,652,516.		
b OBSELETE INVENTORY	2,671,137.	1,228,906.	1,442,231.	
c EXCHANGE LOSS	1,627,418.	1,627,418.		
d DISCONTINUED OPERATIONS	1,603,220.		1,603,220.	
e All other expenses	3,776,631.	3,587,405.	189,226.	
25 Total functional expenses. Add lines 1 through 24e	132,707,880.	121,378,962.	11,060,759.	268,159.
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 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 X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	26,995,756.	1	31,525,678.
	2	Savings and temporary cash investments	8,844,034.	2	6,917,539.
	3	Pledges and grants receivable, net	259,784.	3	34,600,291.
	4	Accounts receivable, net	24,480,588.	4	18,025,116.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	51,523.	5	14,160.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	22,584,486.	8	24,690,338.
	9	Prepaid expenses and deferred charges	9,188,209.	9	3,507,245.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,871,304.		
	b	Less: accumulated depreciation	10b 3,986,015.	10c	3,885,289.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	58,007,784.	12	77,152,672.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,444,924.	15	3,876,484.
16	Total assets. Add lines 1 through 15 (must equal line 34)	156,275,623.	16	204,194,812.	
Liabilities	17	Accounts payable and accrued expenses	25,775,446.	17	25,308,208.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	4,713,661.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	349,738.	23	1,453,244.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,460,889.	25	0.
	26	Total liabilities. Add lines 17 through 25	32,586,073.	26	31,475,113.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	121,586,272.	27	130,440,403.
	28	Temporarily restricted net assets	2,103,278.	28	42,279,296.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	123,689,550.	33	172,719,699.	
34	Total liabilities and net assets/fund balances	156,275,623.	34	204,194,812.	

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	178,406,781.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,707,880.
3	Revenue less expenses. Subtract line 2 from line 1	3	45,698,901.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,689,550.
5	Net unrealized gains (losses) on investments	5	13,816,699.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-10,485,451.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	172,719,699.

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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b 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		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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		<input type="checkbox"/>
b 33 1/3% support test - 2012. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	52329076.	28446605.	38680858.	44926846.	77869608.	242252993
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	64118904.	76812472.	93778902.	106792256.	94459585.	435962119
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	116447980	105259077	132459760	151719102	172329193	678215112
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	24602494.	1359680.	2769462.	2456154.	2469628.	33657418.
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	24602494.	1359680.	2769462.	2456154.	2469628.	33657418.
8 Public support (Subtract line 7c from line 6.)						644557694

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	116447980	105259077	132459760	151719102	172329193	678215112
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1787614.	2061579.	2082465.	2127241.	844,478.	8903377.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1787614.	2061579.	2082465.	2127241.	844,478.	8903377.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		272,081.			2791099.	3063180.
13 Total support. (Add lines 9, 10c, 11, and 12.)	118235594	107592737	134542225	153846343	175964770	690181669
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	93.39 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	92.80 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.29 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.72 %

- 19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

OTHER INCOME

2010 AMOUNT: \$ 272,081.

2013 AMOUNT: \$ 2,791,099.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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
<u>1</u>	_____ _____ _____	\$ <u>51,788,710.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>1,790,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>1,477,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>749,947.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>2,469,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>97,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
2	FAMILY PLANNING PRODUCTS _____ _____ _____	\$ 1,300,000.	10/25/13
6	MIX OF BERKSHIRE, GE, 3M, AND CATERPILLAR STOCK _____ _____ _____	\$ 1,869,628.	03/25/13
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: DKT INTERNATIONAL, INC. Employer identification number: 58-1593137

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land, historic structure) and a table for details on conservation easements held at the end of the tax year (2a-2d).

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part 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? 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" to Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in 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" to 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" to 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		28,009.		28,009.
b Buildings		62,714.	31,888.	30,826.
c Leasehold improvements		556,859.	281,811.	275,048.
d Equipment		5,728,254.	2,914,973.	2,813,281.
e Other		1,495,468.	757,343.	738,125.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,885,289.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITIES	41,628,383.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	35,524,289.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	77,152,672.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	192,223,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	13,816,699.
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	13,816,699.
3	Subtract line 2e from line 1	3	178,406,781.
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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	178,406,781.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	131,104,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	131,104,660.
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	1,603,220.
c	Add lines 4a and 4b	4c	1,603,220.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	132,707,880.

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.

PART X, LINE 2:

EXPLANATION: DKT HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2013 AND DETERMINED THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, DKT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISCONTINUED OPERATIONS 1,603,220.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 and other 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	15	186	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	54,361,188.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		3,127,398.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	4	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	502,097.
MIDDLE EAST AND NORTH AFRICA	7	83	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	3,134,095.
NORTH AMERICA	1	44	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	4,981,019.
SOUTH AMERICA	2	54	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	19,866,996.
SOUTH ASIA	57	1538	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	20,325,328.
SUB-SAHARAN AFRICA	26	487	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	31,519,378.
3 a Sub-total	109	2396			137,817,499.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	109	2396			137,817,499.

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

Schedule F (Form 990) 2013

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3:

EXPLANATION: REPORTING BY THESE PROGRAM OFFICES/SUBSIDIARIES TO THE PRESIDENT & CEO OCCURS ON A MONTHLY BASIS USING PRESCRIBED UNIFORM REPORTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **DKT INTERNATIONAL, INC.** Employer identification number **58-1593137**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER H. PURDY PRESIDENT & CEO	(i)	284,000.	169,881.	427.	15,620.	25,017.	494,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERRY SCOTT PROGRAM MANAGER	(i)	17,753.	458,911.	-7,010.	212.	4,617.	474,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TODD M. CALLAHAN PROGRAM MANAGER	(i)	103,625.	242,576.	43,451.	5,695.	19,939.	415,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL MARUN PROGRAM MANAGER	(i)	112,928.	205,751.	46,907.	0.	0.	365,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW B. PILLER PROGRAM MANAGER	(i)	122,980.	124,766.	48,768.	6,500.	30,665.	333,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICK LOUVEL PROGRAM MANAGER	(i)	119,321.	29,194.	83,480.	0.	24,678.	256,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: HOME LEAVE IS IN ADDITION TO ANNUAL LEAVE, AND IS ALLOWED AFTER 24 MONTHS (2 YEARS) OF EMPLOYMENT AND EACH TWO YEARS THEREAFTER FOR INTERNATIONAL EMPLOYEES ONLY. THOSE EMPLOYEES WHO SERVE IN THE COUNTRY OF WHICH THEY ARE CITIZENS ARE NOT ENTITLED TO HOME LEAVE. EVERY TWO YEARS DKT WILL PROVIDE ROUNDTRIP COACH AIRFARE FOR THE EMPLOYEE AND MEMBERS OF HIS/HER IMMEDIATE FAMILY TO THE HOME LEAVE DESTINATION OF THE EMPLOYEE'S CHOICE.

THE FOREIGN COUNTRY DIRECTORS' HOUSING IS PROVIDED BY DKT.

PART I, LINE 5:

EXPLANATION: DKT PAYS COMMISSIONS BASED ON CASH COLLECTIONS FOR REACHING SALES GOALS OF CONTRACEPTIVE PRODUCTS.

PART I, LINE 7:

EXPLANATION: DKT PAYS COMMISSIONS FOR FUNDRAISING RESULTS.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization **DKT INTERNATIONAL, INC.** Employer identification number **58-1593137**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			CHRISTOPHER H.	PRESIDENT			PERSONAL		X	100,000.	14,160.	

Total ▶ \$ **14,160.**

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CHRISTOPHER H. PURDY

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT & CEO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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	1,869,628.	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	X	1	1,300,000.	FMV
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 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

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

INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA,

URUGUAY, GHANA, INDIA, MEXICO,

EGYPT, MOZAMBIQUE, VIETNAM, CHINA,

CONGO, DEM REP

FORM 990, PART VI, SECTION A, LINE 5:

EXPLANATION: DURING THE YEAR ENDED DECEMBER 31, 2013, THE SUDANESE

GOVERNMENT SEIZED THE ASSETS OF DKT SUDAN. AS A RESULT, MANAGEMENT OPTED

TO CEASE OPERATIONS AND SUBSEQUENT TO YEAR-END, TRANSFERRED THE REMAINING

ASSETS IN CASH TO DKT EHIOPIA. THE LOSS ON THE SEIZURE OF ASSETS WAS

\$2,158,957.

FORM 990, PART VI, SECTION A, LINE 5:

EXPLANATION: DKT INDONESIA BECAME AWARE OF A SIGNIFICANT DIVERSION

SUBSEQUENT TO YEAR-END. A WHISTLEBLOWER IN DKT INDONESIA ALERTED

MANAGEMENT OF APPROVALS OF FICTITIOUS TRAINING INVOICES FOR SERVICES

PROVIDED TO REMOTE OFFICE STAFF. THE AMOUNT IDENTIFIED FROM THE DIVERSION

FOR THE YEAR ENDED DECEMBER 31, 2013, TOTALED APPROXIMATELY \$283,000, WITH

THE TOTAL AMOUNT OF THE DIVERSION APPROXIMATING \$560,000. DKT INDONESIA

HAS ENGAGED LOCAL COUNSEL, FILED A POLICE REPORT, AND IS PURSUING CRIMINAL

PROSECUTION AGAINST THE PERPETRATORS. LOCAL COUNSEL HAS ADVISED MANAGEMENT

THAT DKT INDONESIA SHOULD EXPECT TO RECOVER SOME IF NOT ALL OF THE FUNDS IN

QUESTION.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

EXPLANATION: THE PRESIDENT, VICE PRESIDENT, 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 VICE PRESIDENT 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:

EXPLANATION: 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.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS OBTAINS COMPARABILITY STATISTICS FROM ORGANIZATIONS OF SIMILAR SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF RESPONSIBILITY. THEY ALSO CONSIDER SUCH FACTORS AS SENIORITY, WHERE THERE ARE POSTED AND SPECIAL SKILLS NEEDED FOR THE PARTICULAR POSITION. THE BOARD OF DIRECTORS MUST THEN VOTE ON THE LEVELS OF COMPENSATION FOR THE PRESIDENT & CEO AND THEY ALSO APPROVE COMPENSATION LEVELS FOR HIGHEST COMPENSATED EMPLOYEES AS RECOMMENDED BY THE PRESIDENT & CEO. DKT ENGAGES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO EVALUATE ITS POLICIES AND COMPENSATION PLAN.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PAGE 1, LINE 5:

EXPLANATION: THE TOTAL NUMBER OF US CITIZENS RECEIVING FORM W-2S IS 26 AND THE TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT US CITIZENS NOT RECEIVING FORM W-2S ARE 2,396. THEREFORE, THE TOTAL EMPLOYEES FOR THE ORGANIZATION WORLDWIDE IS 2,422.

FORM 990, PART VIII-X:

EXPLANATION: GLOBAL DISCLOSURE: THE INFORMATION SET FORTH IN THIS FORM 990 IN PART VIII (STATEMENT OF REVENUE) INCLUDES THE U.S. PARENT ENTITY FINANCIAL INFORMATION AND ALSO THE FINANCIAL INFORMATION FOR CORPORATE FOREIGN SUBSIDIARIES PERFORMING EXEMPT FUNCTION ACTIVITIES IN THEIR RESPECTIVE FOREIGN JURISDICTIONS AND IS BROKEN DOWN AS FOLLOWS:

COMBINED PART VIII	PARENT/REP OFFICE ACTIVITY	SUB ACTIVITY
REVENUE \$178,406,781	\$95,054,307	\$83,352,474

GLOBAL DISCLOSURE: THE INFORMATION SET FORTH IN THIS FORM 990 IN PART IX (STATEMENT OF FUNCTIONAL EXPENSES) INCLUDES THE U.S. PARENT ENTITY FINANCIAL INFORMATION AND ALSO THE FINANCIAL INFORMATION FOR CORPORATE FOREIGN SUBSIDIARIES PERFORMING EXEMPT FUNCTION ACTIVITIES IN THEIR RESPECTIVE FOREIGN JURISDICTIONS AND IS BROKEN DOWN AS FOLLOWS:

COMBINED PART IX	PARENT/REP OFFICE ACTIVITY	SUB ACTIVITY
EXPENSES \$132,707,880	\$20,807,614	\$111,900,266

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

GLOBAL DISCLOSURE: THE INFORMATION SET FORTH IN THIS FORM 990 IN PART X (BALANCE SHEET) INCLUDES THE U.S. PARENT ENTITY FINANCIAL INFORMATION AND ALSO THE FINANCIAL INFORMATION FOR CORPORATE FOREIGN SUBSIDIARIES PERFORMING EXEMPT FUNCTION ACTIVITIES IN THEIR RESPECTIVE FOREIGN JURISDICTIONS AND IS BROKEN DOWN AS FOLLOWS:

	COMBINED PART X	PARENT/REP OFFICE ACTIVITY	SUB ACTIVITY
TOTAL ASSETS	\$204,194,812	\$155,803,012	\$48,388,800
TOTAL LIABILITIES	\$31,475,113	\$1,684,761	\$29,790,352
TOTAL NET ASSETS	\$172,719,699	\$154,118,251	\$18,601,448

FORM 990, PAGE ONE, BOX B:
EXPLANATION: THE 2013 FEDERAL FORM 990 WAS AMENDED TO REPORT BALANCES THAT AGREE WITH THE FINALIZED AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2013.

**SCHEDULE R
(Form 990)**

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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**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

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
YAYASAN DKT INDONESIA GRAHA SUCOFINDO LT., 12 JALAN RAYA PASA MING JAKARTA, INDONESIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	N/A		DKT	X	
DKT INDIA 67 A LINKING ROAD, SANTA CRUZ MUMBAI, INDIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT (BEIJING) INTERNATIONAL TRADE CO., LTD. 5-2-061 TAYUAN DIPLOMATIC COMPOUND, NO. 1 XIN BEIJING, CHINA 100600	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CHINA	DKT	C CORP	674,053.	242,482.	100%	X	
JANANI D-21 PANCHEEL ENCLAVE NEW DELHI, INDIA 110017	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	DKT	C CORP	3,087,703.	2,483,730.	100%	X	
DKT DO BRASIL PRODUTOS DE USO PESSOAL, LTDA. AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO, BRAZIL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BRAZIL	DKT	C CORP	19,806,548.	9,153,847.	100%	X	
DKT CHINA 2088 HUA SHAN ROAD SHANGHAI, CHINA 200030	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CHINA	DKT	C CORP	1,762,468.	347,861.	100%	X	
DKT DR CONGO AVENUE DU MILITANT NO.1/3691, CROISEMENT DES BARUMBU, CONGO, DEMO. REP. OF	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CONGO, DEMO. REP	DKT	C CORP	786,233.	867,776.	100%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT EGYPT ZAHRET EL MMDI TOWER CORNICHE EL CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	2,651,640.	2,144,343.	96.00%	X	
DKT LIMITED LIABILITY COMPANY 17 EL-TAKA STREET, 8TH FLOOR, 11TH ZONE, NASR CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	0.	0.	92.00%	X	
DINK KISTET LETENA 1234 ADDIS ABABA ETHIOPIA, ETHIOPIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ETHIOPIA	DKT	C CORP	16,838,295.	9,313,073.	100%	X	
DKT INTERNATIONAL, INC. GHANA HSC327/14MII BONEY ST DZORWULU ACCRA, GHANA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GHANA	DKT	C CORP	6,832,515.	8,380,125.	100%	X	
DKT DE MEXICO SA DE DV AV. MIGUEL ANGEL DE QUEVEDO 696, DELEGACION LAS LOMAS, MEXICO	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MEXICO	DKT	C CORP	5,157,475.	2,370,924.	100%	X	
MODERN CHOICE EXPERTS CO., LTD. NO. 02,7/1 YAN AUNG LANE 2, YANKIN TOWNSHIP MYANMAR, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	DKT	C CORP	0.	0.	100%	X	
DKT MOROCCO LOTISSEMENT ATTAOUFIX, IMMEUBLE 20-22 BUREAU CASABLANCA, MOROCCO 20270	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MOROCCO	DKT	C CORP	0.	0.	100%	X	
DKT MOZAMBIQUE, LIMITADA RUA PEREIRA DO LAGO, 56 SOMMERSCHEI MAPUTO, MOZAMBIQUE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MOZAMBIQUE	DKT	C CORP	1,984,627.	1,881,237.	100%	X	
DKT MYANMAR NO. 02,7/1 YAN AUNG LANE 2, YANKIN TOWNSHIP MYANMAR, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	DKT	C CORP	0.	0.	100%	X	
DKT NIGERIA GRACE HOUSE, NO. 2, IWAYA ROAD, ONIKE-YABA LAGOS, NIGERIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	NIGERIA	DKT	C CORP	0.	625,925.	100%	X	
DKT PAKISTAN PLOT NO. BC-10, BLOCK-4, CLIFTON KARACHI, PAKISTAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PAKISTAN	DKT	C CORP	321,569.	935,750.	100%		X
DKT PHILLIPINES, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINE	DKT	C CORP	25,921,519.	23,680,101.	100%		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT REPRODUCTIVE HEALTH, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINE	DKT	C CORP	0.	0.	100%	X	
SALAMAT COMERCIA DE PRODUTOS DE USO PESSOAL, LTDA. , AVENIDA BRIGADEIRO FARIA UMA 1912, SAO PAULO, BRAZIL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BRAZIL	DKT	C CORP	0.	0.	100%	X	
DKT SUDAN NO. 51, PLAZA 1 STREET KHARTOUM, SUDAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SUDAN	DKT	C CORP	0.	237,000.	100%	X	
SYB SALUD Y BELLEZA INTERNACIONAL, S.A. AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO, URUGUAY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	URUGUAY	DKT	C CORP	0.	0.	100%	X	
DKT HEALTHCARE (THAILAND) COMPANY LIMITED 15TH FLOOR SATHORN, THANI II N SATH BANGKOK, THAILAND	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	THAILAND	DKT	C CORP	472,605.	580,001.	100%	X	
DKT TURKEY TALATPASA BULVARI AKGUN ALSANCAK-IZMIR, TURKEY 35/5 3522	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TURKEY	DKT	C CORP	520,251.	934,850.	100%	X	
DKT URUGUAY, S.A. AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO, BRAZIL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BRAZIL	DKT	C CORP	7,474,261.	7,177,098.	100%	X	
GOLDEN CHOICE COMPANY LIMITED 6TH FLOOR, UNIT 605, INDOCHINA PLAZA, 239 XUA HANOI, VIETNAM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VIETNAM	DKT	C CORP	1,826,860.	1,357,726.	100%	X	
HEALTHSENSE, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINE	DKT	C CORP	0.	0.	100%	X	

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?

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

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 DO BRASIL PRODUTOS DE USO PESSOAL, LTDA.	A	2,217.	CASH
(2) DKT DE MEXICO SA DE DV	A	10,270.	CASH
(3) DKT CHINA	A	18,430.	CASH
(4) GOLDEN CHOICE COMPANY LIMITED	A	6,709.	CASH
(5) DKT INDONESIA	A	90,580.	CASH
(6) DKT CHINA	S	1,000,000.	CASH

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)JANANI	S	5,838,500.	CASH
(8)DKT DO BRASIL PRODUTOS DE USO PESSOAL, LTDA.	R	652,189.	CASH
(9)DKT EGYPT	S	1,106,250.	CASH
(10)YAYASAN DKT INDONESIA	R	1,697,500.	CASH
(11)DKT DE MEXICO SA DE DV	R	109,305.	CASH
(12)DKT MOROCCO	S	451,000.	CASH
(13)DKT MOZAMBIQUE, LIMITADA	S	2,693,535.	CASH
(14)DKT NIGERIA	S	946,000.	CASH
(15)DKT PAKISTAN	S	1,951,550.	CASH
(16)DKT PHILIPPINES, INC.	R	3,499,859.	CASH
(17)DKT SUDAN	S	1,600,000.	CASH
(18)DKT HEALTHCARE (THAILAND) COMPANY LIMITED	S	82,500.	CASH
(19)DKT TURKEY	S	130,000.	CASH
(20)GOLDEN CHOICE COMPANY LIMITED	S	600,000.	CASH
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

