Form	990
Form	990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AF	or the	e 2022 calendar year, or tax year beginning and	ending		
B c	Check if	c Name of organization		D Employer identific	cation number
	Addre	e DAT INTERNATIONAL, INC.			
	Name Chang			58-1593137	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final	/	300	(202) 233-878	80
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	284,292,620.
	Ameno	WASHINGTON, DC 20030		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: Chk1510FHEK H. FOKD1		for subordinates	? Yes X No
	· .	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	ax-exe	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Nebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 N	State of legal domicile: NC
Pá	art I	Summary			
ce		Briefly describe the organization's mission or most significant activities: <u>TO PROU</u> OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION.	/IDE AFFC	RDABLE AND SAFE	
Governance		Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ver				3	5
ဗိ	-	Number of independent voting members of the governing body (Part VI, line 1b)			4
ა ა		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			28
itie		Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		54,890,385.	46,775,719.
Revenue	9	Program service revenue (Part VIII, line 2g)		5,686,378.	7,279,154.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,378,183.	9,023,177.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,810,774.	93,097,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		141,765,720.	156,175,254.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		50,598,958.	53,296,524.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 656, 2			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,326,752.	86,930,432.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		138,925,710.	140,226,956.
		Revenue less expenses. Subtract line 18 from line 12		2,840,010.	15,948,298.
S OF				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	······	326,023,475.	323,092,661.
Net A	21	Total liabilities (Part X, line 26)		82,694,128.	100,506,284.
		Net assets or fund balances. Subtract line 21 from line 20		243,329,347.	222,586,377.

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.

	COPY-DO NOT FILE			
Sign	Signature of officer		Date	
Here	CHRISTOPHER H. PURDY, PRESIDENT & CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTI	N
Paid	MARY TORRETTA	Mary O pourte	9/26/2023 self-employed P0084	7851
Preparer	Firm's name GRANT THORNTON LLP		Firm's EIN 36-60555	58
Use Only	Firm's address 1000 WILSON BOULEVARD, SU	ITE 1500		
	ARLINGTON, VA 22209		Phone no. (703) 847-7	500
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X	Yes 🗌 No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Fc	orm 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
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 th	he	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	coc?	Yes X No
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the tota	l expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$134,930,427. including grants of \$)	(Revenue \$	99,048,047.
	DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND		
	REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD,		
	SERVING 61.6 MILLION COUPLES IN 2022, AND PREVENTING 10.8 MILLION		
	UNWANTED PREGNANCIES, 9.3 MILLION UNSAFE ABORTIONS AND 33,000 MATERNAL		
	DEATHS.		
	CONDOMS, ORAL CONTRACEPTIVE PILLS, AND LONGER LASTING METHODS LIKE		
	IMPLANTS AND INTRA UTERINE DEVICES (IUDS) IN 100 COUNTRIES. DKT		
	IMPROVES THE AVAILABILITY, ACCESSIBILITY, AND AFFORDABILITY OF MODERN		
	CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS		
	BROADLY. (SEE SCHEDULE O)		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e)
	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (202

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Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in x 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 232003 12-13-22

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DKT INTERNATIONAL, INC.

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		24u		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			x
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	Obselvit Oshadula O seatsing a vegenerate av note to any line in this Daut V			
	Check if Schedule O contains a response or note to any line in this Part V		N N	X
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of roms w-20 included of the ra. Enter -0- in for applicable	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	x 990	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 28	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign countrySEE_SCHEDULE_O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<u>7a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	158		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
~		-		
C 14a		140		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		<u> </u>
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15		15		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
00000	If "Yes," complete Form 6069.	Eoro	990	(2022)
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	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1.1		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		10/10/0			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 201011	s mig tre fermi	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$. 120		
C		,		12c	х	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?				X	
13 14					X	
14 15				14		
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	lependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	х	
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a		37	
	taxable entity during the year?			16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
	exempt status with respect to such arrangements?			16b	Х	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i>	on Sc	hedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd finand	cial	
19						
19	statements available to the public during the tax year.					
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
		oks and	records			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organization's	tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more th box, unless person is officer and a director/				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTOPHER H. PURDY	40.00									
PRESIDENT & CEO; CHAIRMAN	24.00	х		х				918,005.	42,777.	373,222.
(2) HYAM BOLANDE	28.00									
PROGRAM MANAGER	12.00					X		507,282.	0.	35,225.
(3) JUAN GARCIA	40.00									
PROGRAM MANAGER	0.00					X		491,349.	0.	28,648.
(4) TODD CALLAHAN	12.00	-								F2 0 - -
PROGRAM MANAGER	28.00		<u> </u>		<u> </u>	X		441,781.	0.	53,252.
(5) JEAN CHRISTOPHE CARRAU	40.00							220.404		26 505
PROGRAM MANAGER	0.00					X		339,494.	0.	36,507.
(6) DANIEL MARUN	40.00			x				220 104	0	20 571
CHIEF OPERATING OFFICER (7) MARIO FLORES	40.00			^				338,124.	0.	20,571.
PROGRAM MANAGER	0.00					x		308 833	0.	39,624.
(8) KERI STOCKLAND	40.00							308,822.	••	55,024.
CHIEF FINANCIAL OFFICER	0.00			x				271,528.	0.	38,851.
(9) MICHELE THORBURN	40.00								••	
ASSISTANT SECRETARY	0.00			x				112,728.	0.	26,455.
(10) ROBERT L. CISZEWSKI	0.25							,,		
VICE PRESIDENT	0.00	x		x				٥.	0.	0.
(11) CARLOS GARCIA	0.25									-
DIRECTOR	0.00	х						٥.	0.	Ο.
(12) MATHEW REEVES	0.25									
DIRECTOR	0.00	х						0.	0.	0.
(13) JULIE STEWART	0.25									
DIRECTOR	0.00	х						٥.	0.	٥.
		-	-							
		1	I		1	1		1		

7

232007 12-13-22

Form 990 (2022)

09241003 153424 0200539-00001

	<u>990 (2022)</u> DKT INTERNATI	CONAL, INC.								58-159	3137		P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(da		Pos				Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	than o s both	an	compensation	compensation		am	nount	of
		week	offic	cer an	ıd a d	irecto	r/trus [:]	tee)	from	from related			other	
		(list any	actor						the	organizations		com	pensa	ition
		hours for	ndividual trustee or director				ted		organization	(W-2/1099-MISC	ン/	fr	om th	е
		related	stee o	trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations	al tru	onal t		loyee	e com		1099-NEC)				d relat	
		below	ividu	In stitutio nal 1	Officer	Key employee	hest	Former				orga	inizati	ons
		line)	Ind	lns	Off	Key	e Hig	For			-+			
											_			
1b	Subtotal								3,729,113.	42,7	77.		652,	355.
с	Total from continuation sheets to Part VI	I, Section A							0.		٥.			0.
d	Total (add lines 1b and 1c)								3,729,113.	42,7	77.		652,	355.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													30
												_	Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for se										L	3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		L	4	X	
5	Did any person listed on line 1a receive or a	iccrue comper	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich i	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con										nsatio	on fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndın	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address							(B) Description of s	ervices	Co	(C mper) nsatio	n
GRAN	T THORNTON LLP, 3333 FINLEY ROAD							_	Becomption of e			mpor	louio	
	E 700 , DOWNERS GROVE, IL 60515-2								AUDITING AND TAX S	ERVICES			352,	755.
	CEFIT INC, 1888 KALAKAUA AVE., SU													
C312	2, HONOLULU, HI 96815								ACCOUNTING SERVICE	s			102,	698.
								\dashv						
								\neg						
2	Total number of independent contractors (in		ot lin	nitec	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				2	2						000 /	2022)

232008 12-13-22

art	t VIII									_
		Check if Schedule O	conta	ains a respo	nse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue exclude from tax undel sections 512 - 5
Ŋ	1 a	Federated campaigns		1a						
unc		Membership dues								
Ĭ		Fundraising events								
		Related organizations								
Ē	е	Government grants (contr	ibuti	ons) 1e		20,987,259.				
5	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	l abov	/e 1f		25,788,460.				
	-	Noncash contributions included in	lines 1	a-1f 1g	6					
and Other Similar Amounts	h	Total. Add lines 1a-1f				46,775,719.				
						Business Code	R 080 154	E 050 154		
	2 a	HEALTH CENTER FEES				900099	7,279,154.	7,279,154.		
Revenue	b									
/em	c									
e	d									
	e f	All other program service	rovo							
		Total. Add lines 2a-2f					7,279,154.			
\dagger	<u>y</u> 3	Investment income (includ					,,			
	5	·	Ũ			5t, and	2,153,151.			2,153,1
	4	Income from investment of					, ,			, ,
	5	Royalties		•	•	F				
	-			(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	10,871,9	85.	3,168,125.				
	b	Less: cost or other basis								
		and sales expenses		4,020,7						
	с	Gain or (loss)	7c	6,851,2	237.	18,789.				
	d	Net gain or (loss)			······		6,870,026.			6,870,0
	8 a	Gross income from fundraisi								
		including \$								
1		contributions reported on								
	-	Part IV, line 18			8a					
		Less: direct expenses			8b	·				
1		Net income or (loss) from		-						
	эa	Gross income from gamin Part IV, line 19			9a					
	h	Less: direct expenses			9b					
1		Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
.		Gross sales of inventory,			<u> </u>					
1		and allowances			10a	212,716,175.				
	b	Less: cost of goods sold				20,947,282.				
		Net income or (loss) from					91,768,893.	91,768,893.		
Î						Business Code				
D	11 a	OTHER INCOME				900099	966,682.			966,68
ŝnut	b	ADMINISTRATION FEES				900099	189,743.			189,74
Revenue	с	TAX REFUND				900099	171,886.			171,88
٩	d	All other revenue								
		Total. Add lines 11a-11d					1,328,311.			
_										

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Form 990 (2022) DKT INTERNATIONAL, I Part IX Statement of Functional Expenses DKT INTERNATIONAL, INC.

58-1593137 Page 10

Do I	Check if Schedule O contains a response not include amounts reported on lines 6b,	e or note to any line in t (A) Total expenses	his Part IX (B) Program service	(C) Management and	
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 005 550		0 051 461	44.24
	trustees, and key employees	2,095,778.		2,051,461.	44,31
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	40,004,105	41 100 505	(14, 210	400.04
7	Other salaries and wages	42,284,187.	41,189,626.	614,318.	480,243
8	Pension plan accruals and contributions (include		E00 010	160 637	10 00
_	section 401(k) and 403(b) employer contributions)	694,752.	523,310.	160,637.	10,80
9	Other employee benefits	5,660,512.	5,373,185.	269,137.	18,19
0	Payroll taxes	2,561,295.	2,366,150.	180,968.	14,17
1	Fees for services (nonemployees):				
-		1 000 100	1 010 440	0.720	
b		1,022,186.	1,012,448.	9,738.	
	Accounting	1,344,252.	838,531.	505,721.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		11 150 646	10 010 104	261 071	00 47
_	column (A), amount, list line 11g expenses on Sch 0.)	11,159,646.	10,810,104.	261,071.	88,473
2	Advertising and promotion	32,017,345.	32,017,345.	94 054	
3	Office expenses	2,648,173.	2,563,219.	84,954.	
4	Information technology	1,683,896.	1,655,058.	28,838.	
5	Royalties	8 353 003	0 006 000	265 022	
6		8,352,003. 9,287,565.	8,086,980. 9,167,032.	265,023. 120,533.	
7		9,207,505.	9,107,032.	120,555.	
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	2 100 250	2 164 007	24.250	
9	Conferences, conventions, and meetings	3,198,359.	3,164,007.	34,352.	
0		1,129,826.	1,129,826.		
1	Payments to affiliates	2,724,039.	2 707 557	16,482.	
2	Depreciation, depletion, and amortization	2,124,039.	2,707,557.	10,402.	
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	6,320,072.	6,319,948.	124.	
a b	PROGRAM SUPPORT	1,418,429.	1,418,429.		
и с	BAD DEBT	965,782.	965,782.		
d	REPAIRS AND MAINTENANCE	671,515.	671,515.		
	All other expenses	2,987,344.	2,950,375.	36,969.	
е 5	Total functional expenses. Add lines 1 through 24e	140,226,956.	134,930,427.	4,640,326.	656,20
5 6	Joint costs. Complete this line only if the organization	,,,	,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,10
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

10 2022.04030 DKT INTERNATIONAL, INC. 02005391

Form 990 (2022)

DKT INTERNATIONAL, INC.

					(A)		(B)
					Beginning of year		End of year
1	1	Cash - non-interest-bearing			76,647,668.	1	74,842,270
2	2	Savings and temporary cash investments	131,375.	2	2,437,30		
3	3	Pledges and grants receivable, net	5,755,299.	3	4,017,31		
4		Accounts receivable, net			42,712,536.	4	46,187,86
5		Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan	itial contr	ibutor, or 35%			
		controlled entity or family member of any of these		5			
6	6	Loans and other receivables from other disqualified	d persons	s (as defined			
		under section 4958(f)(1)), and persons described in	n section	4958(c)(3)(B)		6	
7	7	Notes and loans receivable, net				7	
7 8 9	В	Inventories for sale or use			44,883,507.	8	57,006,66
9		Prepaid expenses and deferred charges	15,587,965.	9	16,170,11		
10	Da	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,106,876.			
	b	Less: accumulated depreciation	10b	11,669,793.	10,845,342.	10c	9,437,08
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 11			127,519,036.	12	100,912,75
13	3	Investments - program-related. See Part IV, line 11				13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11	1,940,747.	15	12,081,29		
16	6	Total assets. Add lines 1 through 15 (must equal		326,023,475.	16	323,092,66	
17	7	Accounts payable and accrued expenses	63,907,923.	17	86,672,56		
18	8	Grants payable		18			
19	Э	Deferred revenue	14,405,382.	19	9,060,15		
20	D	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete Pa				21	
22	2	Loans and other payables to any current or former	officer, c	lirector,			
22		trustee, key employee, creator or founder, substan	itial contr	ibutor, or 35%			
		controlled entity or family member of any of these			22		
23	3	Secured mortgages and notes payable to unrelate	d third pa			23	
24	4	Unsecured notes and loans payable to unrelated th	hird partie	es	4,380,823.	24	4,295,13
25	5	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24). Co	mplete Part X			
		of Schedule D			Ο.	25	478,43
26	6	Total liabilities. Add lines 17 through 25			82,694,128.	26	100,506,28
		Organizations that follow FASB ASC 958, check	here	X			
		and complete lines 27, 28, 32, and 33.					
27	7	Net assets without donor restrictions			229,525,413.	27	211,226,85
28	8	Net assets with donor restrictions			13,803,934.	28	11,359,52
		Organizations that do not follow FASB ASC 958					
27 28 29 30 31 32		and complete lines 29 through 33.					
29	9					29	
30	0	Paid in or capital surplus, or land, building, or equi				30	
31		Retained earnings, endowment, accumulated inco		Г		31	
32		Total net assets or fund balances			243,329,347.	32	222,586,37
33					326,023,475.	33	323,092,66

Form 990 (2022)

232011 12-13-22

Form	990 (2022) DKT INTERNATIONAL, INC.	58-159313	7	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	156,	175,	254.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,	226,	956.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,	948,	298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	243,	329,	347.
5	Net unrealized gains (losses) on investments	5	-23,	698,	185.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-12,	993,	083.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	222,	586,	377.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name o	of the c	organization
--------	----------	--------------

Nam	e of t	the organization						Employer	r identification number
			TERNATIONAL, IN						58-1593137
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forr	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ie general j	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-					-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor
		university:							
10	X	An organization that norma							
		activities related to its exem		•	. ,				
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	atter June 30, 1975.
		See section 509(a)(2). (Con		valu to toot for public oo	fatu Caa	nantian Fl	O(a)(4)		
11 12		An organization organized a	-	•	•			rn / out tho	purpassa of ana ar
12		An organization organized a more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
u	L	the supported organization	-	-	• • • •	-			
		organization. You must o			i majonity o				apporting
b		Type II. A supporting org	-		tion with its	s supporte	ed organizatio	n(s), by hay	vina
		control or management o	-				-		-
		organization(s). You mus							
с		Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	• •					, 0	,
d		Type III non-functionally		•				ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information				-ition listed			
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tete									
Tota	1								

(Complete only if you checked fails to qualify under the test	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			
Section A. Public Support		oo oompiete Falt				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(6) 2013	(0) 2020	(0) 2021	(e) 2022	
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support	-	-		-	-	-
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on \dots					_	
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	, etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for t	•					
organization, check this box and sto Section C. Computation of Publ					<u></u>	
	• •	•			44	
14 Public support percentage for 2022 (14 15	%
15 Public support percentage from 202 ⁻ 16a 33 1/3% support test - 2022. If the						<u>%</u>
stop here. The organization qualifies						
b 33 1/3% support test - 2021. If the		-			6 or more check th	
and stop here. The organization qua			- 41			
17a 10% -facts-and-circumstances tes					and line $1/1$ is 10%	
and if the organization meets the fac						
meets the facts-and-circumstances te			-		-	
b 10% -facts-and-circumstances tes	-			•	17a and line 15 is	
more, and if the organization meets t	-	-				
organization meets the facts-and-circ						
18 Private foundation. If the organization			-			s

DKT INTERNATIONAL, INC.

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	54,771,608.	60,743,190.	66,904,626.	54,890,385.	46,775,719.	284,085,528.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	143,193,393.	162,657,141.	167,697,562.	193,978,854.	219,995,329.	887,522,279.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	197,965,001.	223,400,331.	234,602,188.	248,869,239.	266,771,048.	1171607807.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	20,316,303.	20,885,618.	20 699 973.	12,532,999.	8,877,297.	83,312,190.
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				,,		0.
	Add lines 7a and 7b	20,316,303.	20,885,618.	20,699,973.	12,532,999.	8,877,297.	83,312,190.
	Public support. (Subtract line 7c from line 6.)			20,000,000		•,•,•,2014	1088295617
Sec	tion B. Total Support						1000135017
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	197,965,001.	223,400,331.	234,602,188.	248,869,239.	266,771,048.	1171607807
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,345,823.	2,499,176.	2,039,587.	1,755,252.	2,153,151.	11,792,989
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	2 245 002	0 400 150	0 000 505	1 855 050	0 150 151	11 500 000
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,345,823.	2,499,176.	2,039,587.	1,755,252.	2,153,151.	11,792,989
40	Other income. Do not include gain	2 495 215	942,756.	991,836.	1,210,568.	1,328,311.	6,958,786
12	or loss from the sale of capital assets (Explain in Part VI.)	2,485,315.	91E,150.	,	=,==0,0001	, ,	, ,
	assets (Explain in Part VI.)	2,485,315.		,	, ,		1190359582
13	assets (Explain in Part VI.)	203,796,139.	226,842,263.	237,633,611.	251,835,059.	270,252,510.	1190359582
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	203,796,139.	226 , 842 , 263 . rst, second, third, t	237 , 633 , 611 . Fourth, or fifth tax y	251,835,059. rear as a section 5	270,252,510. D1(c)(3) organizatio	1190359582. on,
13 14	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	203 , 796 , 139 . ne organization's fi	226 , 842 , 263 . st, second, third, t	237 , 633 , 611 . Fourth, or fifth tax y	251,835,059. rear as a section 5	270,252,510. D1(c)(3) organizatio	1190359582. on,
13 14 Sec	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	203 , 796 , 139 . ne organization's fin c Support Per	226,842,263. st, second, third, t	237,633,611. Fourth, or fifth tax y	251,835,059. rear as a section 5	270,252,510. D1(c)(3) organizatio	1190359582 on,
13 14 <u>Sec</u> 15	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Public	203, 796, 139. ne organization's fin c Support Per ine 8, column (f), d	226,842,263. st, second, third, third	237,633,611. Fourth, or fifth tax y	251,835,059. ear as a section 5	270, 252, 510. D1(c)(3) organizatic	1190359582 nn, 91.43 9
13 14 Sec 15 16	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I	203, 796, 139. ne organization's fin c Support Per ine 8, column (f), d Schedule A, Part	226 , 842 , 263 . st, second, third, f centage ivided by line 13, c III, line 15	237,633,611. fourth, or fifth tax y	251,835,059. ear as a section 5	270, 252, 510. D1(c)(3) organizatio	1190359582 nn, 91.43 9
13 14 Sec 15 <u>16</u> Sec	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021	203, 796, 139. ne organization's fin c Support Per ine 8, column (f), d <u>Schedule A, Part</u> stment Income	226,842,263. st, second, third, t centage ivided by line 13, c III, line 15 Percentage	237,633,611. Fourth, or fifth tax y	251,835,059. ear as a section 5	270, 252, 510. D1(c)(3) organizatio	1190359582 m,
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 tion D. Computation of Invest Investment income percentage for 20	203, 796, 139. ne organization's fir ine 8, column (f), d Schedule A, Part stment Income 022 (line 10c, colur	226 , 842 , 263 . st, second, third, the second se	237,633,611. Fourth, or fifth tax y	251,835,059. rear as a section 5	270,252,510. D1(c)(3) organizatio	1190359582 m, 91.43 89.79 99
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 tion D. Computation of Investing Investment income percentage from 2021	203, 796, 139. ne organization's fir ine 8, column (f), d Schedule A, Part stment Income 2022 (line 10c, colur 2021 Schedule A,	226,842,263. rst, second, third, thi	237, 633, 611. fourth, or fifth tax y column (f)) ne 13, column (f))	251,835,059. rear as a section 5	270, 252, 510. D1(c)(3) organizatio	1190359582 on, 91.43 89.79 .99 .99 1.19
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 tion D. Computation of Invest Investment income percentage for 20	203, 796, 139. ne organization's fir ine 8, column (f), d Schedule A, Part stment Income 2021 (line 10c, colur 2021 Schedule A, organization did n	226, 842, 263. st, second, third, f centage ivided by line 13, o III, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box of	237, 633, 611. Fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line	251,835,059. rear as a section 5	270, 252, 510. D1(c)(3) organizatio 15 16 17 18 3 1/3%, and line 17	1190359582 on, 91.43 89.79 .99 1.19 7 is not
13 14 Sec 15 16 Sec 17 18 19a	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2022 (I Public support percentage for 2021 (I Public support percenta	203, 796, 139. ne organization's fir c Support Per ine 8, column (f), d <u>Schedule A, Part</u> stment Income 022 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The	226,842,263. st, second, third, f centage ivided by line 13, c ill, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box c organization quali	237,633,611. Fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly se	251,835,059. ear as a section 5 15 is more than 3 upported organizat	270, 252, 510. D1(c)(3) organizatio 15 16 17 18 3 1/3%, and line 17 ion	1190359582 on, 91.43 89.79 .99 1.19 7 is not X
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a b	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 tion D. Computation of Invest Investment income percentage from 20 33 1/3% support tests - 2022. If the	203, 796, 139. ne organization's fir ine 8, column (f), d Schedule A, Part stment Income 222 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n	226,842,263. st, second, third, t centage ivided by line 13, o III, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box o organization quali ot check a box on	237,633,611. Fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a	251,835,059. ear as a section 5 	270, 252, 510. D1(c)(3) organization 15 16 17 18 3 1/3%, and line 17 ion re than 33 1/3%, a	1190359582 on, 91.43 89.79 .99 1.19 7 is not X
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19a b	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	203, 796, 139. ne organization's fin ic Support Per ine 8, column (f), d Schedule A, Part Stment Income 2021 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n ck this box and st	226,842,263. st, second, third, thir	237,633,611. Fourth, or fifth tax y column (f)) ne 13, column (f)) on line 14, and line fies as a publicly su line 14 or line 19a nization qualifies a	251,835,059. ear as a section 5 	270, 252, 510. D1(c)(3) organization 15 16 17 18 3 1/3%, and line 17 cion re than 33 1/3%, a 1/3%, a 1/3%, a rted organization	1190359582 pn, 91.43 9 89.79 9 .99 9 1.19 9 7 is not X

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV	Supporting Or	ganizatior	IS (continued)	

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Yes

1

2

No

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

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

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

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

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

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instructions	s).
-----	--	-------------------------	-----------------	---------------------	-------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2022 DKT INTERNATIONAL, INC.			58-1593137 Page	e 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions	5.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			_
2	Enter 0.85 of line 1.	2			_
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			_
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	anization (see	
	instructions).				

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c Excess from 2020 d Excess from 2021 e Excess from 2022

19

b Excess from 2019

\$ 8 Breakdown of line 7: a Excess from 2018

9 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.

Schedule A (Form 990) 2022

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

Section D - Distributions

2

3

6

7

8

DKT INTERNATIONAL, INC. 58-1593137 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year 1** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported

2

3

4

5

6

7

8

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Schedule A (Form 990) 2022

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

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

2018 AMOUNT: \$	2,485,315.	
2019 AMOUNT: \$	942,756.	
2020 AMOUNT: \$	991,836.	
2021 AMOUNT: \$	1,210,568.	
2022 AMOUNT: \$	1,328,311.	
232028 12-09-22	Schedule A (Form 990) 20	202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

58-1593137

Department of the Treasury
Internal Revenue Service

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

DKT :	INTERNA	TIONAL	,	INC.
-------	---------	--------	---	------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of or	ganization		nployer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,322,16	8. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,728,11	Person X Payroll Noncash 8. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,894,43	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$4,681,79	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$4,000,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	6. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

edule B (Form 990) (2022)

	B (Form 990) (2022)	I	Page 2
Name of or	rganization	Er	nployer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,982,86	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,580,46	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,195,98	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,013,79	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12</u> 223452 11-15		\$1,000,00	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

24

	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)		Page 4				
Name of o	rganization		Employer identification number				
DKT INTE	ERNATIONAL, INC.		58-1593137				
	Exclusively religious, charitable, etc., contribution	ons to organizations described in sect	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or les	for organizations \$				
(a) No.	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, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(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, a	nd 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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee				
223454 11-15	. 00		Schedule B (Form 990) (2022)				
220404 11-15			Schedule D (FULLI 990) (2022)				

Schedule B (Form 990) (2022)

	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990,				
		Part IV, line 6, 7, 8, 9, 10	112 1101 1150, 110, 110, 111, 111, 12a, or 12b.		ZUZZ Open to Public
	nent of the Treasury Revenue Service		Inspection		
Name	lame of the organization Employ				
Par	t I Organiza	DKT INTERNATIONAL, INC. tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac		58-1593137 Complete if the
		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds (b) Funds and	d other accounts
1	Total number at end	d of year			
2	Aggregate value of	contributions to (during year)			
3	Aggregate value of	grants from (during year)			
		end of year			
	-		writing that the assets held in donor advised fund		
			exclusive legal control?		Yes No
			dvisors in writing that grant funds can be used or		
			r donor advisor, or for any other purpose conferri	0	Yes No
Par			ganization answered "Yes" on Form 990, Part IV,		
1		ervation easements held by the organization			
•		of land for public use (for example, recrea		rically impor	tant land area
		natural habitat	Preservation of a certi	• •	
	Preservation	of open space			
2	Complete lines 2a t	hrough 2d if the organization held a qualit	fied conservation contribution in the form of a cor	nservation ea	asement on the last
	day of the tax year.			Held a	at the End of the Tax Year
а	Total number of cor	nservation easements		2a	
	•			2b	
			ucture included in (a)	2c	
		ation easements included in (c) acquired a			
			accord outing uichood or terminated by the organi	2d	the toy
	year	ation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during	line tax
		 here property subject to conservation eas	sement is located		
		on have a written policy regarding the per	-		
	violations, and enfo	rcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio		during the year
7	Amount of expense		lling of violations, and enforcing conservation eas	ements duri	ng the year
-					
8	Does each conservation	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)(4	4)(B)(ii)?			Yes No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and expense statem	ent and	
	balance sheet, and	include, if applicable, the text of the footr	note to the organization's financial statements that	t describes t	the
	organization's acco	unting for conservation easements.	Art, Historical Treasures, or Other S	milor Acc	ata.
Par				inniar ASS	els.
4.		the organization answered "Yes" on Form			
			8, not to report in its revenue statement and bala		Orks
			blic exhibition, education, or research in furtheran ncial statements that describes these items.		
	· •		8, to report in its revenue statement and balance	sheet works	of
			exhibition, education, or research in furtherance		
		g amounts relating to these items:			
	-			\$	
			asures, or other similar assets for financial gain, p		
		nts required to be reported under FASB A			

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

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\$

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Sche		ATIONAL, INC.					58-159			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historica	I Treasures, o	r Othe	r Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any o	of the following tha	t make si	ignificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c		or exchange progr						
b	Scholarly research	e	e 🔄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they fur	ther the organization	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historica	al treasures, or othe	er similar	assets		-		_
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							7		-
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					•		
								Amoun	τ	
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
t	Ending balance]
	Did the organization include an amount on F					ity?		Yes		_ No □
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					10				_
		(a) Current year	(b) Prior y			(d) Three y	ears hack	(e) Fou	r vears	hack
10	Paginning of year balance	(u) current your				(a) 11100 y	ouro buon	(0) 1 00	youro	buok
1a b	Beginning of year balance									
0	Contributions									
d	Grants or scholarships									
	Other expenditures for facilities									
U										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1a. coli	mn (a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Term endowment	%								
-	The percentages on lines 2a, 2b, and 2c sho	_/_ ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that are h	eld and administe	red for th	e				
	organization by:	Ũ							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized	ations listed as requir	ed on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line	11a. See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	•) Cost or other basis (other)		ccumulate preciation	d	(d) Boo	k value	e
1a	Land			2,685,934.				2	,685,	934.
	Buildings			1,207,957.		765,2	249.		442,	708.
	Leasehold improvements			1,802,195.		1,141,	703.		660,	492.
	Equipment			13,804,807.		8,745,4	440.	5	,059,	367.
	Other			1,605,983.		1,017,4	401.		588,	
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X. column (B).	line 10c.)				9	,437,	083.

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITIES AND MUTUAL FUNDS	98,847,488.	END-OF-YEAR MARKET VALUE
(B) JOINT VENTURES	2,065,269.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	100,912,757.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes 478,430, CONTRACT LIABILITIES (2)(3) (4) (5) (6) (7)(8) (9) 478,430. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 DKT INTERNATIONAL, INC.		58-1593137	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	t XIII Supplemental Information.			

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS UNDER FIN 48

DKT INTERNATIONAL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

232054 09-01-22

			in be duplicated if additional space is n		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	17	405	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	103,015,172
EUROPE (INCLUDING ICELAND & GREENLAND)	4	29	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	21,865,736
MIDDLE EAST AND NORTH AFRICA	4	93	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	10,113,711
NORTH AMERICA	8	212	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	28,150,112
SOUTH AMERICA	11	124	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	39,381,934
SOUTH ASIA	6	1258	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	32,954,402
SUB-SAHARAN AFRICA	16	1028	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	73,563,093
EAST ASIA AND THE PACIFIC			INVESTMENT IN AFFILIATES		24,842,625
 3 a Subtotal b Total from continuation sheets to Part I 	66	3149			333,886,785
c Totals (add lines 3a and 3b)	66	3149			364,727,256
and 3b) LHA For Paperwork Reducti			tions for Form 990.	Schedule F	364,727,256 F (Form 990) 202

DKT INTERNATIONAL, INC.

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

Statement of Activities Outside the United States

Open to Public Inspection

OMB No. 1545-0047

No

Employer	identification	number

58-1593137

Schedule F (Form 990) Part I Continuation	on of Activitie	s per Region	• (Schedule F (Form 990), Part I, line 3)		Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)			INVESTMENT IN AFFILIATES		3,133,719
MIDDLE EAST AND					
NORTH AFRICA			INVESTMENT IN AFFILIATES		-1,953,832
NORTH AMERICA			INVESTMENTS IN AFFILIATES		836,970
SOUTH AMERICA			INVESTMENT IN AFFILIATES		1,270,376
SOUTH ASIA			INVESTMENT IN AFFILIATES		8,005,690
SUB-SAHARAN AFRICA			INVESTMENT IN AFFILIATES		19,547,548
					ļ
					<u> </u>
Fotals	•				30,840,473

232181 04-01-22

Sche	dule F	(Form	990)	2022 (Ľ)KT	TNJERNAJ

DKT INTERNATIONAL, INC.

58-1593137

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatior	ns listed above that are r	l ecognized as charities by the f	l oreign country,	I recognized as a tax	I		1
			or counsel has provided a sect					
3 Enter total number of	other organizations o	r entities				🕨	Sched	ule F (Form 990) 2022

Schedule F (Form 990) 2022

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.

DKT INTERNATIONAL, INC.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Page 3

58-1593137

Part	V 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)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X 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)	X 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 X 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 X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	
	Instructions for Form 5713; don't file with Form 990)	Yes X No

Schedule F (Form 990) 2022

232074 10-17-22

Part V Supplemental Information

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

PART I, LINE 3:

METHOD OF ACCOUNTING FOR EXPENDITURES

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN

EXPENDITURES.

Schedule F (Form 990) 2022

SCHEDULE J Compensation Information		Compensation Information		OMB No.	1545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			LULL				
	Dartment of the Treasury Attach to Form 990.				Open to Public Inspection			
-	al Revenue Service ne of the organization	Employer ider	Employer identification number					
	ie ei ine eigenizatie	DKT INTERNATIONAL, INC.	58-159					
Pa	rt I Question	s Regarding Compensation						
		• • •			Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel X Housing allowance or residence for perso	nal use					
	X Travel for com	panions Payments for business use of personal re	sidence					
	X Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
		provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
•								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee							
	X Form 990 of o	compensation consultant						
		ther organizations X Approval by the board or compensation of	ommittee					
4	During the year dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
		eive payment from a supplemental nonqualified retirement plan?		4b	Х			
		eive payment from an equity-based compensation arrangement?		4c		х		
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
				5a	X	 		
b		ation?		5b	Х	-		
_		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	-				v		
				<u>6a</u>		X X		
b		ation?		6b		^		
7		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х			
٥		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		/				
8				8		x		
9		id the organization also follow the rebuttable presumption procedure described in		0				
3		a 53.4958-6(c)?		9				
ΙНΔ		eduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2022		
			Concude	(i oi)				

232111 10-18-22

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER H. PURDY	(i)	326,141.	314,997.	276,867.	333,294.	36,222.	1,287,521.	276,617.
PRESIDENT & CEO; CHAIRMAN	(ii)	37,059.	5,718.	٥.	3,706.	0.	46,483.	0.
(2) HYAM BOLANDE	(i)	127,208.	292,548.	87,526.	12,721.	22,504.	542,507.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUAN GARCIA	(i)	136,000.	295,390.	59,959.	13,600.	15,048.	519,997.	0.
PROGRAM MANAGER	(ii)	0.	0.	٥.	0.	0.	٥.	٥.
(4) TODD CALLAHAN	(i)	134,000.	209,160.	98,621.	13,738.	39,514.	495,033.	٥.
PROGRAM MANAGER	(ii)	0.	0.	٥.	0.	0.	٥.	٥.
(5) JEAN CHRISTOPHE CARRAU	(i)	122,500.	157,101.	59,893.	14,003.	22,504.	376,001.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL MARUN	(i)	182,586.	155,344.	194.	9,450.	11,121.	358,695.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIO FLORES	(i)	110,708.	37,147.	160,967.	13,845.	25,779.	348,446.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KERI STOCKLAND	(i)	242,560.	28,893.	75.	24,891.	13,960.	310,379.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)	-						
	(i)							
	(ii)	-						
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

PART I, LINE 1B:

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

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

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

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

WILL PROVIDE ROUNDTRIP COACH AIRFARE FOR THE EMPLOYEE AND MEMBERS OF

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

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

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

PART I, LINE 4B:

IN 2022, CHRISTOPHER H. PURDY, PRESIDENT & CEO, VESTED \$276,617 OF

PREVIOUSLY DEFERRED COMPENSATION AND ACCRUED \$300,000 FROM HIS

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

PART I, LINES 5 AND 7:

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

REMITTANCE TARGETS FOR CERTAIN EMPLOYEES AND ORGANIZATIONALLY. IF

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

Page 3

Part III Supplemental Information

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

COLLECTIONS, FUNDRAISING, CYP, AND REMITTANCE BONUSES TO THOSE ELIGIBLE

EMPLOYEES.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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 Form 990-EZ.	2022 Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
	DKT INTERNATIONAL, INC.	58-1593137
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
DKT INTERNATIONAL,	INC. IS A NONPROFIT CORPORATION FOUNDED IN 1984 IN	
THE UNITED STATES	FOR THE PURPOSE OF DESIGNING AND IMPLEMENTING FAMILY	
PLANNING PROJECTS	IN DEVELOPING COUNTRIES. DKT INTERNATIONAL, INC. AND	
ITS AFFILIATES (CC	LLECTIVELY REFERRED TO AS DKT) DIRECT SOCIAL	
MARKETING PROGRAMS	MAINLY IN DEVELOPING COUNTRIES BUT HAVE ALSO	
EXPANDED TO SELL P	RODUCTS IN DEVELOPED COUNTRIES. DKT IS ONE OF THE	
WORLD'S LARGEST PR	OVIDERS OF FAMILY PLANNING, HIV/AIDS PREVENTION AND	
SAFE ABORTION PROD	UCTS AND SERVICES. ALL ACTIVITIES OF DKT ARE FUNDED	
PRIMARILY FROM PRO	DUCT SALES AND FROM GRANTS AND CONTRIBUTIONS.	
DKT IS AN INTERNAT	IONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF	
COLUMBIA, BUT OPER	ATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES	
AROUND THE WORLD.	THESE LEGAL SUBSIDIARIES CONDUCT THE PROGRAMMATIC	
FUNCTION OF DKT, I	NCLUDING THE DISTRIBUTION OF CONTRACEPTION PRODUCTS.	
DKT INTERNATIONAL,	THE U.S. HEADQUARTERS IS THE PRIMARY FUNDING AGENCY	
OF ALL THE SUBSIDI	ARIES, AND REPORTING JUST THE OPERATIONS OF DKT	
INTERNATIONAL INC.	DOES NOT GIVE THE READER OR THE IRS A FULL PICTURE	
OF THE ACTIVITIES	OF THE ORGANIZATION. DKT HAS CHOSEN TO REPORT THE	
COMPLETE ACTIVITIE	S OF DKT, INCLUDING THE OPERATIONS OF ITS MANY LEGAL	
SUBSIDIARY CORPORA	TIONS IN ORDER TO ENHANCE TRANSPARENCY TO THE READER.	
CONSIDERING THE AC	TIVITIES ONLY OF THE U.S. ENTITY OF DKT, THE PUBLIC	
SUPPORT PERCENTAGE	CONTINUES TO BE ABOVE THE REQUIRED MINIMUM OF 33	
1/3% AS REQUIRED E	Y IRC 509(A)(2).	
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
DKT INTERNATIONAL, INC.	58-1593137
FORM 990, PART I, LINE 5:	
NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR	
THE TOTAL NUMBER OF U.S. CITIZENS RECEIVING FORMS W-2 IS 28 AND THE	
TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT U.S. CITIZENS NOT RECEIVING	
FORMS W-2 ARE 2,874. THEREFORE, THE TOTAL EMPLOYEES FOR THE	
ORGANIZATION WORLDWIDE IS 2,902.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
DKT EXECUTES MARKETING AND PROMOTION CAMPAIGNS TO EDUCATE THE PUBLIC	
ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY,	
DKT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS	
SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES	
OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER	
TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1984, DKT HAS	
BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS.	
IN 2022, DKT PROVIDED AND SOLD 1 BILLION CONDOMS, 108 MILLION ORAL	
CONTRACEPTIVES, 24.6 MILLION EMERGENCY CONTRACEPTIVES, 34.3 MILLION	
INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 1.6 MILLION HORMONAL	
IMPLANTS, 1.3 MILLION CONTRACEPTIVE SUPPOSITORIES, 6.1 MILLION MEDICAL	
ABORTION COMBINATION PACKS, 23.6 MILLION MISOPROSTOL PILLS, 315,000	
MANUAL VACUUM ASPIRATION KITS, 2.2 MILLION CANNULE AND 75,000 TUBAL	
LIGATIONS AND VASECTOMIES.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY,	
GHANA, INDIA, MEXICO, EGYPT,	
MOZAMBIQUE, VIETNAM, CHINA, CONGO, DEM REP,	
TANZANIA, BURMA, NIGERIA, PAKISTAN,	
232212 10-28-22	Schedule O (Form 990) 2022

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

09241003 153424 0200539-00001

2022.04030 DKT INTERNATIONAL, INC. 02005391

CONFLICT IS FOUND TO EXIST, THE PROPOSED TRANSACT	FION SHALL NOT PROCEED
WITHOUT A CAREFUL ANALYSIS OF ALTERNATIVES NOT PR	RESENTING A CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS OF DETERMINING COMPENSATION	
THE BOARD OF DIRECTORS HAS IN THE PAST OBTAINED O	COMPARABILITY STATISTICS
FROM ORGANIZATIONS OF SIMILAR SIZE AND WHICH HAVE	E EMPLOYEES WITH SIMILAR
LEVELS OF RESPONSIBILITY. THEY CONSIDER FACTORS	INCLUDING PRIOR EXPERIENCE,
SECTOR KNOWLEDGE, SENIORITY, AND SPECIAL SKILLS N	NEEDED FOR THE PARTICULAR
POSITION. DKT HAS A COMPENSATION COMMITTEE COMPRI-	ISED OF TWO (2) INDEPENDENT
DIRECTORS WHO DETERMINE THE LEVEL OF COMPENSATION	N OF THE CEO.
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF ORGANIZATIONAL DOCUMENTS	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY	Y AND GOVERNING DOCUMENTS
ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF	F DISCLOSURE AS SET FORTH
IN IRC SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	:
FOREIGN CURRENCY TRANSLATION GAIN (LOSS)	-13,206,143.
REVERSAL OF PROVISION FOR BAD DEBTS	213,060.
TOTAL TO FORM 990, PART XI, LINE 9	-12,993,083.
SCHEDULE B	
ALTHOUGH THE ORGANIZATION FILES AS AN EXEMPT ORGA	ANIZATION UNDER SECTION
509(A)(2), THE ORGANIZATION HAS VERIFIED IT WOULD	D MEET THE PUBLIC
SUPPORT TEST UNDER SECTION 170(B)(1)(A)(VI) AND H	HAS THEREFORE COMPLETED
SCHEDULE B USING SPECIAL RULE REPORTING.	
232212 10-28-22	Schedule O (Form 990) 2022 4 4

Employer identification number

58-1593137

Page **2**

Schedule O (Form 990) 2022 Name of the organization

DKT INTERNATIONAL, INC.

ame of the organization	Employer identification numb
DKT INTERNATIONAL, INC.	58-1593137
	Schedule O (Form 990) 2

09241003 153424 0200539-00001

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.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Name of the organization

DKT INTERNATIONAL, INC.

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

(a) 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
	-				
	-				

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

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

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

22 **Open to Public**

Inspection

Employer identification number

58-1593137

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	narity Direct controlling ection entity		g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
DKT INTERNATIONAL, INC. SIERRA LEONE	-						
13B MADONGO TOWN, OFFMOTOR ROAD, CONGO CROSS							
FREETOWN, SIERRA LEONE	FAMILY PLANNING PRODUCTS	SIERRA LEONE	N/A		DKT	X	L
JANANI	-						
B-1/ 46 SAFDARJUNG ENCLAVE	SALE AND DISTRIBUTION OF						
DELHI, INDIA 110029	FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	
DKT INDIA	_						
67 A LINKING ROAD, SANTA CRUZ	SALE AND DISTRIBUTION OF						
MUMBAI, INDIA 400054	FAMILY PLANNING PRODUCTS	INDIA	N/A		ОКТ	Х	
YAYASAN DKT INDONESIA							
RDTX PLACE 10TH FLOOR J1 PROF DR SATRIO KAV	SALE AND DISTRIBUTION OF						
JAKARTA, INDONESIA	FAMILY PLANNING PRODUCTS	INDONESIA	N/A		ОКТ	х	
DKT INTERNATIONAL INC. MYANMAR BRANCH							
NO. 4A, PYI TAW AYE YEIK THAR STREET, WARD 7	SALE AND DISTRIBUTION OF						
YANKIN TOWNSHIP, BURMA	FAMILY PLANNING PRODUCTS	BURMA	N/A		DKT	x	
DEEP K. TYAGI FOUNDATION NIGERIA							
2 IWAYA ROAD ONIKE YABA	SALE AND DISTRIBUTION OF						
LAGOS, NIGERIA	FAMILY PLANNING PRODUCTS	NIGERIA	N/A		DKT	x	
REGIONAL OPERATING HEADQUARTERS							
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	SALE AND DISTRIBUTION OF						
QUEZON CITY, PHILIPPINES 1110	FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		DKT	x	
DKT PHILIPPINES INC.							
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	SALE AND DISTRIBUTION OF						
QUEZON CITY, PHILIPPINES 1110	FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		DKT	x	
DKT INTERNATIONAL TANZANIA							
PLOT NUMBER 1087 MERERANI ROAD	SALE AND DISTRIBUTION OF						
DAR ES SALAAM, TANZANIA 23471	FAMILY PLANNING PRODUCTS	TANZANIA	N/A		DKT	x	
DKT INTERNATIONAL - VIETNAM OFFICE							
13TH FLOOR ICON4 TOWER 243A DE LA THANH ST.	SALE AND DISTRIBUTION OF						
HANOI, VIETNAM	FAMILY PLANNING PRODUCTS	VIETNAM	N/A		DKT	x	
DKT INTERNATIONAL FOUNDATION UK							1
ONE BARTHOLOMEW CLOSE	1						
LONDON, UNITED KINGDOM EC1A 7BL	- FAMILY PLANNING	UNITED KINGDOM	N/A		DKT	x	
FEMHEALTH USA INC - 46-4144274							<u> </u>
1001 CONNECTICUT AVE NW, SUITE 805	1						
WASHINGTON, DC 20036	- FAMILY PLANNING	DISTRICT OF COLUMBIA	501(C)(2)	LINE 7	DKT	x	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	olled
				501(c)(3))		Yes	No
DKT MYANMAR (INTERNATIONAL NON-GOVERNMENTAL							
ORGANIZATION), NO. 4, PYI TAW AYE YEIK THAR	SALE AND DISTRIBUTION OF						
STREET, WARD (7), YANKIN TOWNSHIP, BURMA	FAMILY PLANNING PRODUCTS	BURMA	N/A		DKT	х	
EME DE MUJER, AC							
ANILLO DE CIRCUNVALACION, 127 FLOOR, 3 COL	SALE AND DISTRIBUTION OF						
MEXICO CITY, MEXICO	FAMILY PLANNING PRODUCTS	MEXICO	N/A		ОКТ	х	
TELEFEM, AC							
ANILLO DE CIRCUNVALACION, 127 FLOOR, 3 COL	SALE AND DISTRIBUTION OF						
MEXICO CITY, MEXICO	FAMILY PLANNING PRODUCTS	MEXICO	N/A		DKT	х	
ASOCIACION DECIDE Y PLANIFIKT							
AVENIDA FERROCARRIL 19-97 ZONA 12 EMPRESARI.	SALE AND DISTRIBUTION OF						
GUATEMALA, GUATEMALA	FAMILY PLANNING PRODUCTS	GUATEMALA	N/A		DKT	x	
DKT INTERNATIONAL COTE D'IVOIRE ONG							
27 BP 1057 ABIDJAN 27 COCODY ANGRE 8EME TRA.	SALE AND DISTRIBUTION OF	COTE D'IVOIRE (IVORY					
ABIDJAN, COTE D'IVOIRE (IVORY COAST)	FAMILY PLANNING PRODUCTS	COAST)	N/A		DKT	x	
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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

		-								-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	alloca	tions?	amount in box 20 of Schedule	part	ner?	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No		Yes	No	
	-											
PHP HOLDINGS, LLC -												
83-2555978, 1640 ROANOKE												
BLVD, SALEM, VA 24153	HOLDING COMPANY	VA	DKT		-419.	1,551,969.		x	N/A		х	50.00%
]											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
DKT ARGENTINA S.A.	SALE AND DISTRIBUTION								
AV. SANTA FE 900 - PISO 4	OF FAMILY PLANNING								
BUENOS AIRES, ARGENTINA	PRODUCTS	ARGENTINA	DKT	C CORP	-49,975.	477,633.	100%	Х	
DKT BOLIVIA IMPORTADORA Y COMERCIALIZADORA	SALE AND DISTRIBUTION								
DE PRODUCTOS DE PLANIFICACION FAM, AV. SAN	OF FAMILY PLANNING								
MARTIN, PISO 19 , SANTA CRUZ, BOLIVIA	PRODUCTS	BOLIVIA	DKT	C CORP	197,753.	581,890.	99.99%	х	
DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA.	SALE AND DISTRIBUTION								
AVENIDA BRIGADEIRO FARIA UMA 1912	OF FAMILY PLANNING								
SAO PAULO, BRAZIL	PRODUCTS	BRAZIL	DKT	C CORP	14,734,713.	17,053,859.	100%	х	
SYB SALUD Y BELLEZA INTERNACIONAL S.A.	SALE AND DISTRIBUTION								
RUTA 8 KM 17500 ZONA A	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	1,028,380.	9,645,709.	100%	х	
DKT CHILE SAP	SALE AND DISTRIBUTION								
EL GOLF 150 FLOOR 4 LOS CONDES	OF FAMILY PLANNING								
SANTIAGO, CHILE	PRODUCTS	CHILE	DKT	C CORP	553,331.	2,149,232.	100%	х	

(a) Name, address, and EIN	(b) Primary activity	(c)	.,		(f) Share of total	(g) Share of	(h) Percentage	Sec	tion
of related organization	Phinary activity			Type of entity (C corp, S corp, or trust)	income	ne end-of-year assets		cont ent	b)(13) rolled tity?
DKT COLOMBIA S.A.S.	SALE AND DISTRIBUTION	country						Yes	No
CL 70 A NR 4-41	OF FAMILY PLANNING								
BOGOTA, COLOMBIA	PRODUCTS	COLOMBIA	חאת	C CORP	-15,542.	549,001.	100%	x	
DKT ECUADOR S.A.	SALE AND DISTRIBUTION				10,012.		1000		<u> </u>
AV REPUBLICA DEL SALVADOR 1082	OF FAMILY PLANNING								
QUITO, ECUADOR	PRODUCTS	ECUADOR	DKT	C CORP	153,906.	568,335.	100%	x	
DKT SOUTH AMERICA HOLDING INC.	SALE AND DISTRIBUTION								<u> </u>
AVE PASEO DEL MAR COSTA DEL MAR EDIFICIO MM	_								
PANAMA CITY, PANAMA	PRODUCTS	PANAMA	DKT	C CORP	2,914.	5,925,349.	100%	x	
DKT PARAGUAY SOCIEDAD ANONIMA	SALE AND DISTRIBUTION								
JUAN DE SALAZAR 657 E/ PROF. RAMIREZ	OF FAMILY PLANNING								
ASUNCION, PARAGUAY	PRODUCTS	PARAGUAY	DKT	C CORP	44,531.	506,019.	100%	x	
DKT PERU S.A.C.	SALE AND DISTRIBUTION				, ,	,			
JR. MARISCAL DE LAS HERAS, N 687, LINCE	OF FAMILY PLANNING								
LIMA, PERU	PRODUCTS	PERU	DKT	C CORP	242,953.	599,332.	100%	x	
DKT URUGUAY S.A.	SALE AND DISTRIBUTION				,	,			
CALLE COLONIA 810 APTO 403	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	143,275.	568,251.	100%	x	
DKT EGYPT LLC (091)	SALE AND DISTRIBUTION								
17 EL-TAKA STREET, 8TH FLOOR, NASR CITY	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	-462,362.	71,359.	96.00%	x	
DKT LLC (092)	SALE AND DISTRIBUTION								
17 EL-TAKA STREET, 8TH FLOOR, NASR CITY	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	dkt	C CORP	307,819.	2,451,197.	92.00%	x	
DKT HEALTHCARE INDIA PRIVATE LTD	SALE AND DISTRIBUTION								
HEM-DIL, 67 A LINKING ROAD, SANTACRUZ	OF FAMILY PLANNING								
MUMBAI, INDIA 400054	PRODUCTS	INDIA	DKT	C CORP	2,730,239.	2,980,553.	100%	x	
PT DKT INTERNATIONAL	SALE AND DISTRIBUTION								
RDTX PLACE, 10 TH FLOOR	OF FAMILY PLANNING								
JAKARTA, INDONESIA	PRODUCTS	INDONESIA	DKT	C CORP	7,026,427.	13,377,667.	99.00%	x	
PT. DHARMENDRA KUMAR TIYAGI INDONESIA	SALE AND DISTRIBUTION								
RDTX PLACE, 10 TH FLOOR	OF FAMILY PLANNING								
JAKARTA, INDONESIA	PRODUCTS	INDONESIA	DKT	C CORP	12,613,665.	15,982,572.	99.99%	x	
DKT DE MEXICO SA DE CV	SALE AND DISTRIBUTION								
ANILLO DE CIRCUNVALACION 127 FLOOR 3 COL	OF FAMILY PLANNING								
MEXICO CITY, MEXICO 4370	PRODUCTS	MEXICO	DKT	C CORP	16,977,576.	16,135,175.	100%	x	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr	(i) b)(13) rolled tity?
		country)		0				Yes	No
~ /	SALE AND DISTRIBUTION								
AVENIDA CAHORA BASSA, 26, SOMMERSCHEI	OF FAMILY PLANNING								
	PRODUCTS	MOZAMBIQU	DKT	C CORP	3,686,271.	4,207,686.	100%	X	L
DKT PAKISTAN (PRIVATE) LIMITED	SALE AND DISTRIBUTION								
RJ, BUILDING, 4TH FLOOR, PLOT # 37C	OF FAMILY PLANNING								
KARACHI, PAKISTAN	PRODUCTS	PAKISTAN	DKT	C CORP	3,254,716.	5,465,168.	100%	х	
ASIA RH SUPPLY PTE . LTD	SALE AND DISTRIBUTION								
30 CECIL STREET #19-08 PRUDENTIAL TOWER	OF FAMILY PLANNING								
SINGAPORE, SINGAPORE 49712	PRODUCTS	SINGAPORE	DKT	C CORP	5,611,460.	4,586,735.	100%	х	
DKT INTERNATIONAL TANZANIA LIMITED	SALE AND DISTRIBUTION								
PLOT NUMBER 1087 MERERANI ROAD	OF FAMILY PLANNING								
DAR ES SALAAM, TANZANIA	PRODUCTS	TANZANIA	DKT	C CORP	-275.	99,627.	88.15%	x	
DKT INTERNATIONAL SEGAL COMPANY (PRIVATE	SALE AND DISTRIBUTION								
JOINT STOCKS), DADMAN BOULEVARD, TOOBA	OF FAMILY PLANNING								
TOWER, UNIT 33, TEHRAN, IRAN 1466793761	PRODUCTS	IRAN	dkt	C CORP	634,917.	4,297,396.	99.99%	x	
DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI	SALE AND DISTRIBUTION								
ITHALAT TICARET LTD. COMPANY, MANSUROGLU	OF FAMILY PLANNING								
MAHALLESI 1583/1, IZMIR, TURKEY 35/5 3522	PRODUCTS	TURKEY	DKT	C CORP	190,422.	1,146,989.	96.06%	x	
DKT INTERNATIONAL SENEGAL S.U.A.R.L.	SALE AND DISTRIBUTION								
ROUTE DES ALMADIES, LOT 15	OF FAMILY PLANNING								
DAKAR, SENEGAL	PRODUCTS	SENEGAL	DKT	C CORP	3,085,194.	2,888,417.	100%	x	
DKT INTERNATIONAL CAMEROON S.U.A.R.L.	SALE AND DISTRIBUTION								
BONAMOUSSADI OPPOSITE QUIFEUROU SABLE	OF FAMILY PLANNING								
DOULA, CAMEROON	PRODUCTS	CAMEROON	DKT	C CORP	2,240,315.	1,342,144.	100%	x	
DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L.	SALE AND DISTRIBUTION								
COCODY LES DEUX PLATEAUX, RUE DES JARDINS	OF FAMILY PLANNING	COTE							
ABIDJAN, COTE D'IVOIRE (IVORY COAST)	PRODUCTS	D'IVOIRE	DKT	C CORP	71,350.	2,061,748.	100%	x	
GOLDEN CHOICE COMPANY LIMITED	SALE AND DISTRIBUTION								
13TH FLOOR ICON4 TOWER 243A DE LA THANH ST.	OF FAMILY PLANNING								
HANOI VIETNAM	PRODUCTS	VIETNAM	DKT	C CORP	1,029,094.	1,916,461.	100%	x	
DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL	SALE AND DISTRIBUTION				, , , -	, , -			
	OF FAMILY PLANNING								
	PRODUCTS	KENYA	DKT	C CORP	1,265,840.	2,518,503.	100%	x	
	SALE AND DISTRIBUTION				, ,	, , ,			
14-18 COOPER ROAD 4TH FLOOR ACACIA MALL	OF FAMILY PLANNING								
	PRODUCTS	UGANDA	DKT	C CORP	2,302,669.	2,126,122.	100%	x	

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec	(i) ction (b)(13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	cont ent	tity?
WOMANCARE GLOBAL TRADING CIC	SALE AND DISTRIBUTION	country						Yes	No
ONE BARTHOLOMEW CLOSE	OF FAMILY PLANNING	UNITED							
LONDON, UNITED KINGDOM EC1A 7BL	PRODUCTS	KINGDOM	DKT	C CORP	4,900,990.	9,791,536.	100%	x	
DKT WOMANCARE GLOBAL SERVICES	SALE AND DISTRIBUTION	RINGDOM			±,500,550.	5,751,550.	1000		<u> </u>
28 BOULEVARD HAUSSMANN	OF FAMILY PLANNING								
PARIS FRANCE 75009	PRODUCTS	FRANCE	DKT	C CORP	3,167,475.	2,904,878.	100%	x	
DKT INTERNATIONAL, INC (JORDAN) LTD	SALE AND DISTRIBUTION	I IUIIVEE			5,107,475.	2,504,070.	1000		<u> </u>
151 WASFI ALTAL STREET	OF FAMILY PLANNING								
AMMAN, JORDAN	PRODUCTS	JORDAN	DKT	C CORP	97,180.	176,543.	100%	x	
DKT INTERNATIONAL INC AFGHANISTAN	SALE AND DISTRIBUTION	DORDIN			57,100.	1,0,343.	1000		
SUITE NO. 14, 4TH FLOOR, KHALID TARAKAY MAR.	OF FAMILY PLANNING								
KABUL, AFGHANISTAN	PRODUCTS	AFGHANIST	יחאית	C CORP	-72,431.	172,188.	100%	x	
DKT BEIJING INTERNATIONAL TRADE CO LTD	SALE AND DISTRIBUTION				,2,431.	172,100.	1000		
SHUANG ZI ZUO MANSION, EAST TOWER, 10TH FL.	OF FAMILY PLANNING								
JIAN GUO MEN WAI DA STREET YI AREA, CHINA	PRODUCTS	CHINA	DKT	C CORP	0.	0.	100%	x	
DKT INTERNATIONAL (SHANGHAI) LTD	SALE AND DISTRIBUTION					.	1000		<u> </u>
2088 HUA SHAN ROAD, HUI YING SQUARE	OF FAMILY PLANNING								
SHANGHAI, CHINA	PRODUCTS	CHINA	DKT	C CORP	1,034,629.	180,801.	100%	x	
SYB DE MEXICO, S.A DE C.V	SALE AND DISTRIBUTION				_,				<u> </u>
RODRIGUEZ SARO 523 LOCAL 5A COLONIA DEL VALLA	FOF FAMILY PLANNING								
ALCALDIA BENITO JUAREZ, MEXICO 3100	PRODUCTS	MEXICO	DKT	C CORP	0.	2,566.	100%	x	
DKT HEALTH INC.	SALE AND DISTRIBUTION					/			<u> </u>
80 EAST RODRIGUEZ JR. AVENUE C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY PHILIPPINES 1110	PRODUCTS	PHILIPPIN	л DKT	C CORP	13,474,374.	26,865,530.	100%	x	
DKT REPRODUCTIVE HEALTH, INC.	SALE AND DISTRIBUTION				, ,	, ,			
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	I DKT	C CORP	310,832.	3,859,894.	100%	x	
HEALTHSENCE, INC.	SALE AND DISTRIBUTION					,			
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	DKT	C CORP	-791.	233,849.	100%	x	
DKT SERVICES LIMITED	SALE AND DISTRIBUTION					,			
BLOCK 51, 23 STREET, OMARAT	OF FAMILY PLANNING								
KHARTOUM, SUDAN	PRODUCTS	SUDAN	DKT	C CORP	178,965.	231,555.	99.00%	x	
MODERN CHOICE EXPERTS CO. LTD	SALE AND DISTRIBUTION					· · ·			
NO. 4A, PYITAW AYE YEIK THAR STREET	OF FAMILY PLANNING								
YANKIN TOWNSHIP, BURMA	PRODUCTS	BURMA	DKT	C CORP	367,783.	3,082,958.	100%	x	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d) Legal domicile (state or foreign		(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	(i) ction b)(13) rolled tity?
		country)		or trust)		assets		Yes	
DKT DE GUATEMALA, S.A.	SALE AND DISTRIBUTION							100	
	OF FAMILY PLANNING								
GUATEMALA, GUATEMALA 610	PRODUCTS	GUATEMALA	DKT	C CORP	0.	18,907.	99.00%	x	
DKT DE PANAMA, S.A.	SALE AND DISTRIBUTION					, ,			
CORREGIMIENTO DE BELLA VISTA CALLE 57 ESTA	OF FAMILY PLANNING								
CIUDAD DE PANAMA, PANAMA 2030	PRODUCTS	PANAMA	DKT	C CORP	0.	9,999.	99.99%	x	
DKT VENEZUELA, C.A.	SALE AND DISTRIBUTION								
LOS HEMETICOS CASA #2 QUINTA NAVA SECTOR EL	OF FAMILY PLANNING								
MIRANDA, VENEZUELA	PRODUCTS	VENEZUELA	DKT	C CORP	0.	1.	100%	x	
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	4								

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in I	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	:
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)		X	<u>í</u>
Loans or loan guarantees by related organization(s)		X	:
Dividends from related organization(s)		x	۲.
g Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
	11		
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	ż
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		_	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r	x	5
Cther transfer of cash or property from related organization(s)	1s	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 DR CONGO	В	8,303,126.	Cash
(2) DKT LLC (092)	В	757,661.	CASH
(3) DKT SERVICES LIMITED	В	152,019.	CASH
(4) DINK KISTET LETENA (DKT ETHIOPIA)	В	876,001.	CASH
(5) DKT INTERNATIONAL INC. GHANA	В	2,358,639.	CASH
(6) DKT INTERNATIONAL, INC LIBERIA	В	577,458.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7)DKT INDIA	В	2,010,288.	саѕн
(8)JANANI	В	1,960,000.	САЅН
(9)DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD	В	1,231,852.	САЅН
(10) ^{SYB} DE MEXICO, S.A DE C.V	в	325,600.	САЅН
(11)DKT MOZAMBIQUE, LIMITADA	В	2,801,885.	САЅН
(12)DKT INTERNATIONAL INC. MYANMAR BRANCH	В	497,558.	САЅН
(13)DEEP K. TYAGI FOUNDATION NIGERIA	В	4,148,497.	САЅН
(14)DKT PAKISTAN (PRIVATE) LIMITED	В	1,955,179.	САЅН
(15)DKT INTERNATIONAL SENEGAL S.U.A.R.L.	В	3,551,967.	САЅН
(16)DKT INTERNATIONAL TANZANIA	В	557,474.	САЅН
(17)DKT HEALTHCARE INTERNATIONAL UGANDA LTD	В	2,123,000.	САЅН
(18)DKT INTERNATIONAL CAMEROON S.U.A.R.L.	В	1,938,006.	САЅН
(19)FEMHEALTH USA INC	В	100,000.	САЅН
(20)PT. DHARMENDRA KUMAR TIYAGI INDONESIA	В	1,668,475.	саѕн
(21)DKT SOUTH AMERICA HOLDING INC.	В	651,000.	саѕн
(22) REGIONAL OPERATING HEADQUARTERS	В	400,000.	саѕн
(23)DKT INTERNATIONAL TANZANIA LIMITED	В	100,000.	САЅН
(24)DINK KISTET LETENA (DKT ETHIOPIA)	м	379,213.	саѕн

Schedule R (Form 990) DKT INTERNATIONAL, INC.

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) DKT INTERNATIONAL INC. MYANMAR BRANCH	м	56,517.	сазн
(8) ASIA RH SUPPLY PTE. LTD	м	450,000.	САЅН
(9) FEMHEALTH USA INC	м	162,000.	CASH
(10) DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA.	м	54,328.	CASH
(11) DKT INTERNATIONAL INC. GHANA	м	113,378.	CASH
(12) SYB DE MEXICO, S.A DE C.V	м	129,857.	САЅН
(13) DKT INTERNATIONAL SENEGAL S.U.A.R.L.	м	25,000.	САЅН
(14) WOMANCARE GLOBAL TRADING CIC	м	68,465.	сазн
(15) PT. DHARMENDRA KUMAR TIYAGI INDONESIA	F	3,210,223.	САЅН
(16) ASIA RH SUPPLY PTE. LTD	F	2,438,915.	САЅН
(17) PT DKT INDONESIA	F	1,612,565.	САЅН
(18) ASIA RH SUPPLY PTE. LTD	F	3,400,000.	САЅН
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2022 DKT INTERNATIONAL, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	ll or Pe ing er? Ov	(k) ercentage wnership

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Part VII Supplemental Information

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

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