Form 990	
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** 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.

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



Department of the Treasury Internal Revenue Service

ΑF	or the	e 2020 calendar year, or tax year beginning and	ending				
B c a	heck if pplicab	C Name of organization		D Employer identific	cation number		
	Addre	ss DKT INTERNATIONAL, INC.					
	Name chang			58-1593137			
	Initial		Room/suite	E Telephone number			
		1001 CONNECTICIT AVENUE NW	800	(202) 233-8780			
L	⊥return termir ated			G Gross receipts \$ 262,240,35			
	Amen	ded WASHINGTON DC 20036		H(a) Is this a group return			
	_lreturn ∏Applio	· ·		for subordinates			
	_tion pendi	sAME AS C ABOVE					
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) ()$	or 527	H(b) Are all subordinates in	list. See instructions		
		te: WWW.DKTINTERNATIONAL.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	I Voor	· · · · · · · · · · · · · · · · · · ·	State of legal domicile: NC		
		Summary			I State of legal dofficite. To		
	1	Briefly describe the organization's mission or most significant activities:	VIDE AFFC	RDABLE AND SAFE			
Governance		OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION.					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
INC	3	Number of voting members of the governing body (Part VI, line 1a)		3	6		
		Number of independent voting members of the governing body (Part VI, line 1b)			5		
s S		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			26		
/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		
đ	8	Contributions and grants (Part VIII, line 1h)		60,743,190.	66,904,626.		
Revenue	9	Program service revenue (Part VIII, line 2g)		162,657,141.	4,448,398.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,195,542.	9,847,685.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		942,756.	62,561,251		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	qual Part VIII, column (A), line 12)		143,761,960		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		Ο.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		Ο.	0.		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		46,221,804.	46,648,546.		
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		Ο.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 863, ;	238.				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		184,552,091.	81,979,892.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		230,773,895.	128,628,438.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,764,734.	15,133,522.		
or			Be	ginning of Current Year	End of Year		
sets ulano	20	Total assets (Part X, line 16)		291,833,511.	309,590,554.		
Ass d Ba	21	Total liabilities (Part X, line 26)		81,042,010.	78,598,657.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		210,791,501.	230,991,897.		
	nrt II	Signature Block					
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
Sigr	า	Signature of officer		Date			
Her		CHRISTOPHER H. PURDY, PRESIDENT & CEO					
		Type or print name and title					

	Print/Type preparer's name	Preparer's signature	11 AY TO	Date		Check	PTIN	
Paid	MARY TORRETTA	1 3	Mary O Youtto	11/11/	/21	if self-employed	P00847851	
Preparer	Firm's name 🕒 GRANT THORNTON LLP				Firm's	EIN 🕨 3	6-6055558	
Use Only	Firm's address 🔊 1000 WILSON BOULEVARD, SUITE 1400							
	ARLINGTON, VA 22209 Phone no.(703) 847-						847 - 7500	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-23	J2001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

(Rev. January 2020)

COPY Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate	application	for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions		Taxpaver	identification i	number (TIN)		
print								
	DKT INTERNATIONAL, INC.		58-1593137					
File by the due date for	Number, street, and room or suite no. If a P.O. box, s							
filing your return. See	1001 CONNECTICUT AVENUE, NW	I, NO.	800					
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870 7 - 1001 CONNECTICU			12		
 If the If this box 1 I reaction the 	equest an automatic 6-month extension of time until e organization named above. The extension is for the organization $x = \frac{2020}{20}$ or	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2021</u> , to file return for: d ending	f this is fo all membe	r the whole gro ers the extension npt organization 	oup, check this on is for.		
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
	timated tax payments made. Include any prior year overp			3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	53-EO an	d Form 8879-E	O for payment		
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 886	68 (Rev. 1-2020)		

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Pai	t 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 the	
	prior Form 990 or 990-EZ?	Yes X No
~	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 services? If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	heasured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	, the total expenses, and
40		e\$ 66,017,813.
4a	(Code:) (Expenses \$125,130,600. including grants of \$) (Revenue DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND	
	REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD	
	SERVING 48.6 MILLION COUPLES IN 2020, AND PREVENTING 11.3 MILLION	
	UNWANTED PREGNANCIES, 12.8 MILLION UNSAFE ABORTIONS AND 49,000 MATERNAL	
	DEATHS.	
	DKT SOCIALLY MARKETS A RANGE OF CONTRACEPTIVE PRODUCTS INCLUDING	
	CONDOMS, ORAL CONTRACEPTIVE PILLS, AND LONGER LASTING METHODS LIKE IMPLANTS AND INTRA UTERINE DEVICES (IUDS) IN 90 COUNTRIES. DKT IMPROVES	
	THE AVAILABILITY, ACCESSIBILITY, AND AFFORDABILITY OF MODERN	
	CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS	
	BROADLY. DKT EXECUTES MARKETING AND PROMOTION (SEE SCHEDULE O)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	
	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.))
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e)
	(Expenses \$ including grants of \$) (Revenue \$, Form 990

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DKT INTERNATIONAL, INC.

Par	t 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)?			
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	–		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	⊢ Ŭ		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢' −		
0		8		x
9	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	–		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form **990** (2020)

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DKT INTERNATIONAL, INC.

Pa	t IV Checklist of Required Schedules (continued)			uge
			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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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? <i>If</i> "Yes." <i>complete</i>			
	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			<u> </u>
57	Part V, line 1	34	х	
35 -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
31		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38		0	x	
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>
				X
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	N N	
-			Yes	No
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u> 1c</u>	X 000	<u> </u>
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Form	990 (2020) DKT INTERNATIONAL, INC.	58-159313	7	Р	age 5				
Pa	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 26							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	b If "Yes," enter the name of the foreign country b SEE SCHEDULE 0								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		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	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons 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 service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices provided to the payor?	7a		X				
			7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		x				
е									
f									
g									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
-			8						
9	Sponsoring organizations maintaining donor advised funds.		•						
a			9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	10.							
	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:	11a							
	Gross income from members or shareholders								
D		116							
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.		154						
h	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	13b							
~	Enter the amount of reserves on hand	13c							
14a		•	14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	≏ ∩	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1					
	excess parachute payment(s) during the year?		15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x				
	If "Yes," complete Form 4720, Schedule O.								
			-	990	(0000)				

Form **990** (2020)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			17
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management		¥.	
10	Enter the number of veting members of the governing body at the and of the tay year	6	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L.	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	5		
		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
4 5	Did the organization make any significant changes to its governing documents since the phor rolm soo was med?			x
5 6		6		x
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
1 a		70		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		
b		76		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		8-	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	<u>8a</u> 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
U	in Schedule O how this was done	12c	х	
13	Did the survey institute have a without his the blance of a first of	13	х	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	х	
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	, e eny,	avana	
	Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finang	cial	
19	statements available to the public during the tax year.			
19				
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTOPHER H. PURDY - (202) 233-8780			

Form 990 (2		58-1593137	Page 7								
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organizatior	ı's tax year.								
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regard	dless of amount of comper	isation.								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one 1 an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer D		Highest compensated sn1/x		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHRISTOPHER H. PURDY	40.00									
PRESIDENT & CEO	24.00	х		х				480,764.	42,312.	472,303.
(2) JUAN GARCIA	40.00									
PROGRAM MANAGER	0.00					X		360,154.	0.	26,094.
(3) DIMOS SAKELLARIDIS	40.00									
PROGRAM MANAGER	0.00					x		342,939.	0.	32,269.
(4) DANIEL MARUN	40.00									
PROGRAM MANAGER	0.00					X		330,784.	0.	42,291.
(5) HYAM BOLANDE	40.00									
PROGRAM MANAGER	0.00					X		300,321.	0.	82,400.
(6) DAWAR WARAICH	40.00								_	
PROGRAM MANAGER	0.00					x		279,243.	0.	94,381.
(7) KERI STOCKLAND	40.00								_	
CHIEF FINANCIAL OFFICER	0.00			х				272,256.	0.	36,767.
(8) MICHELE THORBURN	40.00									
ASSISTANT SECRETARY	0.00			Х				97,000.	0.	24,136.
(9) PHILIP D. HARVEY	0.25									0
FOUNDER & CHAIR	0.00	Х		Х				0.	0.	0.
(10) ROBERT L. CISZEWSKI	0.25								0	0
VICE PRESIDENT	0.00	X		X				0.	0.	0.
(11) CARLOS GARCIA DIRECTOR	0.25	x						0.	0	0
(12) MATHEEW REEVES	0.00	^	-					<u>.</u>	0.	0.
DIRECTOR	0.23	x						0.	0.	0.
(13) JULIE STEWART	0.00	~						<u> </u>	0.	0.
DIRECTOR	0.23	x						0.	0.	0.
	0.00	~						<u> </u>	0.	0.
			-							
		1								
		1								
		1								
022007 12 22 20	1							1		Form 990 (2020)

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Form	<u>1990 (2020)</u> DKT INTERNAT:	IONAL, INC.								58-15	9313	7	P	'age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos check i ss per nd a di	more rson i	than (is both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	I	fr org an	npensa rom the ganizat d relate anizatio	ie tion ted
			-											
			-											
			-											
			-											
1b	Subtotal								2,463,461.	42,	312.		810,	641.
	c Total from continuation sheets to Part VII, Section A ▶ 0. d Total (add lines 1b and 1c) ▶ 2,463,461. 42,										0. 312.		810,	0. 641.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			7
													Yes	No
3	Did the organization list any former officer,	-		-	•	-		Ŭ						
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com											5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensat	ion fro	om	
	the organization. Report compensation for (A) (A) Name and business		eare	nair	ig w				(B) Description of s				C) Insatio	
MARO	CUM LLP, 1899 L STREET, NW, SUITE								Description of a	er vices		ompe	11541101	
	HINGTON, DC 20036	,							AUDITING SERVICES				330,	614.
DAVID NEGUS, 1725 I STREET, NW #300,														
WASE	HINGTON, DC 20006								CONSULTING SERVICE	S	L		121,	547.
	VER & BLOCK LLP													
	N. CLARK STREET, CHICAGO, IL 606	54-3456							LEGAL SERVICES				112,	500.
	GLOBAL COMMUNICATION WORKS, LLC HEATHERGLEN DRIVE, HOUSTON, TX	77096							CONSULTING SERVICE	S			110,	004.
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				4	4					F	<u>000 //</u>	(0000)

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Form **990** (2020)

					TIONAL,	INC.			58-159313	7 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O o	contains a	a response	e or note to any lin	((2)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts										
ng G			Fundraising events							
iifts ar A			Related organizations							
s, G milà			Government grants (contr		1e					
rsi		f	All other contributions, gifts,	grants, an	d					
but			similar amounts not included	above	1f	66,904,626.				
dOtri		g	Noncash contributions included in	lines 1a-1f	1g \$					
аS		h	Total. Add lines 1a-1f			►	66,904,626.			
						Business Code				
e	2 a HEALTH CENTER FEES					900099	4,448,398.	4,448,398.		
ervi		b								
n Si		С								
Jran Rev		d								
Program Service Revenue		e								
<u> </u>			All other program service				1 110 200			
	3		Total. Add lines 2a-2f Investment income (includ				4,448,398.			
	3		other similar amounts)				2,039,587.			2,039,587.
	4						_,,			_,,
	 Income from investment of tax-exempt bond pro Royalties 			-						
	Ū				(i) Real	(ii) Personal				
	6	а	Gross rents	6a	.,					
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i)	Securities	(ii) Other				
			assets other than inventory	7a 24,	606,744	•				
		b	Less: cost or other basis							
venue			and sales expenses		798,646					
		С	Gain or (loss)	7c 7,	808,098	•				
Other Re			Net gain or (loss)			····· ►	7,808,098.			7,808,098.
the	8	а	Gross income from fundraisin	-	· .					
0			including \$							
			contributions reported on	,						
		h	Part IV, line 18			_				
			Less: direct expenses Net income or (loss) from							
	Q		Gross income from gamin		-					
	5	-	Part IV, line 19			a				
		b	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, I							
			and allowances)a 163,249,164.				
		b	Less: cost of goods sold			Db 101,679,749.				
			Net income or (loss) from				61,569,415.	61,569,415.		
s						Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME			900099	991,836.			991,836.
lan.		b								
Sev		С				.				
Mis			All other revenue				001 000			
	40		Total. Add lines 11a-11d				991,836.	66 017 013	0.	10 820 501
	12	-23-	Total revenue. See instruction	MS		▶	143,761,960.	66,017,813.	I ⁰ .	10,839,521. Form 990 (2020

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DKT INTERNATIONAL, INC.

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Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	1 270 227		1 200 056	70 171
trustees, and key employees	1,379,227.		1,309,056.	70,171
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	20 204 200	27 240 272	182,402.	672 605
7 Other salaries and wages	38,204,380.	37,348,373.	102,402.	673,605
8 Pension plan accruals and contributions (include		161 746	122 560	6 071
section 401(k) and 403(b) employer contributions)	600,386.	461,746.	132,569.	6,071 7,258
9 Other employee benefits	4,479,670.	4,258,107.	214,305.	'
0 Payroll taxes	1,984,883.	1,884,952.	89,508.	10,423
1 Fees for services (nonemployees):				
a Management	1 240 400	1 200 516	10.000	
b Legal	1,348,482.	1,329,516.	18,966.	
c Accounting	951,975.	782,175.	169,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,			400.000	05 540
column (A) amount, list line 11g expenses on Sch 0.)	13,488,648.	13,193,955.	198,983.	95,710
2 Advertising and promotion	29,136,114.	29,136,114.	55.000	
3 Office expenses	2,604,979.	2,547,717.	57,262.	
4 Information technology	1,484,256.	1,457,799.	26,457.	
5 Royalties				
6 Occupancy	6,517,919.	6,318,582.	199,337.	
7 Travel	7,513,915.	7,482,535.	31,380.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	2,922,707.	2,921,487.	1,220.	
0 Interest	1,315,968.	1,312,613.	3,355.	
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	2,803,945.	2,803,945.		
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				
amount, list line 24e expenses on Schedule 0.)	6,789,029.	6,789,029.		
b ALL OTHER EXPENSES	3,217,444.	3,217,444.		
c BAD DEBT	1,189,713.	1,189,713.		
d REPAIRS AND MAINTENANCE	694,798.	694,798.		
e All other expenses	128,628,438.	125,130,600.	2,634,600.	863,238
	120,020,100.	120,100,000.	2,001,000.	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

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DKT INTERNATIONAL, INC.

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			45,975,472.	1	72,890,201
	2	Savings and temporary cash investments			2,502,620.	2	745,524
	3	Pledges and grants receivable, net			23,686,830.	3	10,322,153
	4	Accounts receivable, net			52,099,645.	4	49,546,69
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			41,833,503.	8	41,366,22
As	9	Description of the second state for an effective state of the second state of the seco			3,846,701.	9	10,734,60
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,747,252.			
	b	Less: accumulated depreciation		13,029,332.	11,174,570.	10c	11,717,92
1	1	Investments - publicly traded securities	· · · · ·		· ·	11	
	2	Investments - other securities. See Part IV, line 1			106,407,616.	12	109,479,00
	3	Investments - program-related. See Part IV, line 1				13	, ,
	4	Intangible assets				14	
	5	Other assets. See Part IV, line 11		4,306,554.	15	2,788,23	
	6	Total assets. Add lines 1 through 15 (must equa			291,833,511.	16	309,590,55
	17	Accounts payable and accrued expenses	58,329,099.	17	59,508,69		
	8	Grants payable		, ,	18	, ,	
	9	Deferred revenue	8,047,011.	19	4,694,67		
	20	Tax-exempt bond liabilities		, ,	20	, ,	
	21	Escrow or custodial account liability. Complete F				21	
1	22	Loans and other payables to any current or form					
1 les		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
c Lia	23	Secured mortgages and notes payable to unrela	-			23	
	.0 24	Unsecured notes and loans payable to unrelated			14,517,125.	24	14,348,31
	 25	Other liabilities (including federal income tax, pay				27	
1	.0	parties, and other liabilities not included on lines					
		of Schedule D	17 24)		148,775.	25	46,968
2	26	Total liabilities. Add lines 17 through 25		·····	81,042,010.	26	78,598,65
	.0	Organizations that follow FASB ASC 958, chee	sk hore		,,,	20	
ŝ		and complete lines 27, 28, 32, and 33.					
3 2 auč	7				181,785,656.	27	212,826,34
2 3	28	Net assets with donor restrictions			29,005,845.	28	18,165,55
	.0	Organizations that do not follow FASB ASC 95				20	
<u></u>		-	, cne				
5	0	and complete lines 29 through 33.				- 00	
8	29	Capital stock or trust principal, or current funds		at fund		29	
0 2 0 2	30 54	Paid-in or capital surplus, or land, building, or eq				30	
5 3 2 3	81	Retained earnings, endowment, accumulated inc			210,791,501.	31	230,991,89
	32	Total net assets or fund balances			291,833,511.	32	309,590,55
3	33	Total liabilities and net assets/fund balances			251,000,011.	33	Eorm 990 (20

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Form	990 (2020) DKT INTERNATIONAL, INC.	58-159313	7	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	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	143,	761,	960.
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,	628,	438.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,	133,	522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	210,	791,	501.
5	Net unrealized gains (losses) on investments	5	5,	446,	425.
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	_	379,	551.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	230,	991,	897.
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 in Schedule	D.			
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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

						Open to Public Inspection				
Nam	e of t	the organizati							Employer	r identification numbe
		U U		TERNATIONAL, IN	1C.					58-1593137
Pa	rt I	Reason		/	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ				For lines 1 through 12, c					
1					on of churches described			1)(A)(i).		
2	\square				(Attach Schedule E (Forn			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3	\square				anization described in s			ii).		
4	\square				njunction with a hospital)(iii). Enter	the hospital's name,
		city, and stat	e:							-
5		An organizati	on operated fo	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). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	public described in
				omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:								
10	X	An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities rela	ted to its exem	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	after June 30, 1975.
				mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12					ively for the benefit of, to					
					ed in section 509(a)(1) o					Check the box in
		7			of supporting organization					
а					supervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting
	_	-		complete Part IV, Se						
b				-	d or controlled in connect			•		-
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	_	7		t complete Part IV,						
С			-		g organization operated				lly integrate	ed with,
لم		-	-		b). You must complete l				itad araani-	-otion(o)
d			-	• •	porting organization oper				•	. ,
					zation generally must sat mplete Part IV, Sections				an allenin	Veness
е		- ·		,	written determination fro					
C	L		•		nally integrated supporti			турст, турс	n, rype m	
f	Ente	-	of supported c							
a				n about the supporte						
		(i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions
Tota	I									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 DKT INTERNATIONAL, INC.

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		-	-	-	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi						
14	Public support percentage for 2020 (I					14	%
15	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the c	0		,			. —
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	zation
	meets the facts-and-circumstances te	0	• •		•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990) or 990-EZ) 2020

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Page 2

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 97,787,203 38,981,452 54,771,608 60,743,190. 66,904,626. 319,188,079. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 120,461,876. 145,662,227. 143,193,393. 162,657,141. 167,697,562. 739,672,199. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 218,249,079. 184,643,679. 197,965,001 223,400,331. 234,602,188, 1058860278. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 20,316,303 77,092,426. 18,931,854 20,885,618, 20,699,973. 157,926,174. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 77,092,426. 18,931,854 20,316,303 20,885,618 20,699,973 157,926,174, 900,934,104. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 218,249,079 184,643,679 197,965,001 223,400,331 234,602,188 1058860278. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3,764,796. 3,584,627 3,345,823 2,499,176. 2,039,587. 15,234,009. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,764,796. 3,345,823 2,039,587 3,584,627 2,499,176. 15,234,009. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 275,762 1,041,725. 2,485,315 942,756, 991,836, 5,737,394. assets (Explain in Part VI.) 1079831681. 222,289,637. 189,270,031. 203,796,139. 226,842,263. 237,633,611. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 83.43 % 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 96.35 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.41 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.63 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020 032023 01-25-21 15

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(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **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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Schedule A (Form 990 or 990-EZ) 2020

4c		

1

2

3a

3b

3c

4a

4b

5a

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

6

7

8

9a

9b

9c

10a

10b

02005391

Yes No

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Part IV Supporting Organizations (continued)

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Yes No

Yes No

1

2

3

2a

2b

За

3b

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

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</i> (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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
			1

Supervised	. Or controlled the sup	oonling organization.
Section C. T	pe II Supporting	Organizations

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

Se	ction D. All Type III Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
	organization's governing documents in effect on the date of notification, to the extent not previously provided?
-	

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- b ____ The organization is the parent of each of its supported organizations. Complete line 3 below.

С	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

17

- 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 in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 DKT	INTERNATIONAL,	INC.
Part V	Type III Non-Functional	ly Integrated 509	9(a)(3) Supporting Organizations

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

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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-functional	Ilv integrated		inization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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:

2016 AMOUNT: \$ 275,762.	
2017 AMOUNT: \$ 1,041,725.	
2018 AMOUNT: \$ 2,485,315.	
2019 AMOUNT: \$ 942,756.	
2020 AMOUNT: \$ 991,836.	
	Schedule A (Form 990 or 990-EZ) 202
032028 01-25-21	20 2020.05000 DKT INTERNATIONAL, INC. 0200

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** P	UBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

5	8	_	1	5	9	3	1	3	7	

DKT	INTERNATIONAL,	INC.

Organization type (check one):							
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

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page **2**

Employer identification number

DKT INTERNATIONAL, INC.

58-1593137

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$368,342. Person X \$368,342. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 15,651,904. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$ 8,900,000. \$ 8,900,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 3,450,000. \$ 3,450,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 5,451,560. Person X \$ 5,451,560. Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

02005391

Schedule E	8 (Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page **2**

Employer identification number

DKT INTERNATIONAL, INC.

58-1593137

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	3,792,794.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	175,054.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	4,744,341.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>10</u>		\$_	170,093.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	86,626.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$_	1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

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02005391

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$160,000.	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
16_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,358,129.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$1,530,371.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule E	8 (Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

DKT INTERNATIONAL, INC.

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				
		\$3,455,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$321,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
21		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
22		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

12401110 153424 0200539-00001

T INTE	RNATIONAL, INC.		58-1593137
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		

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12401110 153424 0200539-00001

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05000 DKT INTERNATIONAL, INC. 02005391

Page **3**

Page 4

me of organization			Employer identification number			
INTERNATIONAL, INC.			58-1593137			
art III Exclusively religious,	utor Complete columns (a) through (e) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
Use duplicate copie	es of Part III if additional	I space is needed.	riess for the year. (Enter this into. once.) - 4			
) No. rom (b) Purp Part I	ose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ift			
Transfer	ree's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
) No.						
rom (b) Purp art I	ose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
Transfer	ree's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
) No. rom (b) Purp art I	ose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
Transfei	ree's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
) No. rom (b) Purp						
om (b) Purpo art I	ose of gift	(c) Use of gift	(d) Description of how gift is held			
— <u> </u>						
		(e) Transfer of gi				
Transfer	ree's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

12401110 153424 0200539-00001

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization DKT INTERNATIONAL, INC.		Em		entificatior -1593137	n number
Par	,	d Funds or Other Similar Funds or				
T ai			-ccoui	ILS. CO	mpiete ii tri	le
	organization answered "Yes" on Form 990, Part IV, line	e o. (a) Donor advised funds	(b) Eur	de and c	ther accou	nte
	Tatel mumber at and after an		(6) 1 0		accou	111.5
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	-		Г		
~	are the organization's property, subject to the organization's e			L	Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or		•	Г		
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	vanization annuvarad "Van" on Form 000. Dart			Yes	No No
			iv, ine <i>i</i>	<u>.</u>		
1	Purpose(s) of conservation easements held by the organization	· · · · ·	otorioallu	importo	at land area	
	Preservation of land for public use (for example, recreat		-	-		
	Protection of natural habitat	Preservation of a ce	ertified hi	Storic Stri	ucture	
~	Preservation of open space	ind an any other an ability diam in the former of a				
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the form of a	conserva			
_	day of the tax year.		0	Held at t	he End of th	e lax rear
a						
b						
c	Number of conservation easements on a certified historic structure of conservation easements included in (c) as a structure of the structure o		. <u>2c</u>			
a	Number of conservation easements included in (c) acquired a	-				
•	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization	during tr	ie tax	
	year	and the last of N				
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri			Г		
•	violations, and enforcement of the conservation easements it				_ Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserva	tion ease	ents a	uring the ye	ear
-				4		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easemen	ts auring	the year	
•			(D)/;)			
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •		Г		
•	and section 170(h)(4)(B)(ii)?				Yes	└── No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that des	cribes the	9	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	Simila	r Asse	le l	
1 41	Complete if the organization answered "Yes" on Form		Cirrina			
10				hoot worl	<i>(</i> 0	
Id	If the organization elected, as permitted under FASB ASC 956				15	
	of art, historical treasures, or other similar assets held for pub	, ,	ance of	public		
L	service, provide in Part XIII the text of the footnote to its finan					
b	If the organization elected, as permitted under FASB ASC 956 art, historical treasures, or other similar assets held for public	•				
	· · · ·	exhibition, education, or research in furtheral	ice of pu	DIIC SEI VIO	ue,	
	provide the following amounts relating to these items:			¢		
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$		
0		acurae, or other similar assets for financial asi				
2	If the organization received or held works of art, historical treat the following amounts required to be reported under EASP A		i, provid	5		
-	the following amounts required to be reported under FASB As	-	►	¢		
a b	Revenue included on Form 990, Part VIII, line 1			\$		
		for Form 990	🚩			000) 0000
	For Paperwork Reduction Act Notice, see the Instructions			Schedu	le D (Form	əəu) 2020
03205	12-01-20	28				

Sche		ATIONAL, INC.						58-159		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make sigr	nificant us	se of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	c	L k	Loan or exc	hange progra	m					
b	Scholarly research	e	• 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	r similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								7		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun		
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				1
	Did the organization include an amount on Fe					•	·	∟	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										<u> </u>
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	voore	back
19	Beginning of year balance	(a) Guiterit year		nor year		S DACK (U	ij Thiee ye	Jai S Dauk	(e) i oui	years	Dauk
1a b	Contributions										
0	Net investment earnings, gains, and losses										
с А	Grants or scholarships										
u	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr		l e (line 10	n column (a)) held as:						
2	Board designated or quasi-endowment	•	% (iiiic)	y, column (a							
h	Permanent endowment										
c		/°									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	t are held ar	nd administere	ed for the	organizat	tion			
	by:						- 9		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990,	Part X, lin	ne 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Acc	umulated	b	(d) Boo	k value	e
		basis (investi	ment)	basis	(other)	depre	eciation				
1a	Land			3	,287,714.				3,	287,	714.
b	Buildings				888,835.		539,6	63.		349,	172.
с	Leasehold improvements			1	,628,546.		988,7	85.		639,	761.
d	Equipment			17	,368,775.	1(0,545,5	92.	6,	823,	183.
e	Other			1	,573,382.		955,2	92.		618,	090.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	<u>X. colun</u>	nn (B). line 1	0c.)				11,	717,	920.
							S	Schedule	D (Form	n 990)	2020

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032052 12-01-20

58-1593137	Page 3
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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	109,479,003.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	109,479,003.	

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.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) CONTRACT LIABILITIES	46,968.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	46,968.

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

032053 12-01-20

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18		
ART X, LINE 2:		
NCERTAIN TAX POSITIONS UNDER FIN 48		
KT INTERNATIONAL INC FOLLOWS GUIDANCE THAT CLARIFIES THE ACCO	OUNTING FOR	
NCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN	Α ΤΑΧ	
ETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECO	GNITION AND	
EASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM	AN UNCERTAIN	
· · · · · ·		
AX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN	CIAL	
AX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCE TATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUST	CIAL AINED IF THE	
AX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN TATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUST OSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASS	CIAL AINED IF THE ESSMENT OF	
AX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN TATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUST OSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASS HE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF T	CIAL AINED IF THE ESSMENT OF HE POSITION,	
TEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN TATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUST POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASS THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE FILTHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE DOKT INTERNATIONAL HAS DETERMINED THAT THERE ARE NO MATERIAL UN 32054 12-01-20	CIAL AINED IF THE ESSMENT OF HE POSITION, CHALLENGED.	Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

DKT INTERNATIONAL, INC.

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Page 4

DKT INTERNATIONAL, INC.

Part XIII Supplemental Information (continued)

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

Schedule D (Form 990) 2020

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2020.05000	DKT	INTERNATIONAL,	INC.	02005391

	······				
DKT	INTERNATIONAL, INC				
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the o
	Form 990, Part IV	/, line 14b.			
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and o
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or
2	For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants a
	United States.			-	-
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) I
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a
		in the region	independent	gram services, investments, grants to	des
			contractors in the region	recipients located in the region)	of se

Part I organization answered "Yes" on 1 For g other assistance, or assistance? Yes No the grL 2 For g and other assistance outside the United 3 Activi If activity listed in (d) (f) Total (a expenditures s a program service, for and escribe specific type investments service(s) in the region in the region

EAST ASIA AND THE				OF FAMILY PLANNING	
PACIFIC	17	376	PROGRAM SERVICES	PRODUCTS	81,272,964.
				SALES AND DISTRIBUTION	
EUROPE (INCLUDING				OF FAMILY PLANNING	
ICELAND & GREENLAND)	4	31	PROGRAM SERVICES	PRODUCTS	27,734,994.
				SALES AND DISTRIBUTION	
MIDDLE EAST AND				OF FAMILY PLANNING	
NORTH AFRICA	4	92	PROGRAM SERVICES	PRODUCTS	4,756,683.
				SALES AND DISTRIBUTION	
				OF FAMILY PLANNING	
NORTH AMERICA	2	133	PROGRAM SERVICES	PRODUCTS	14,979,025.
				SALES AND DISTRIBUTION	
				OF FAMILY PLANNING	
SOUTH AMERICA	11	99	PROGRAM SERVICES	PRODUCTS	30,193,660.
				SALES AND DISTRIBUTION	
AND ANNADAN APPEAR	1 -	1020		OF FAMILY PLANNING	70 204 621
SUB-SAHARAN AFRICA	15	1032	PROGRAM SERVICES	PRODUCTS	78,304,631.
				SALES AND DISTRIBUTION	
				OF FAMILY PLANNING	
SOUTH ASIA	7	1452	PROGRAM SERVICES	PRODUCTS	27 812 996
	,	1452	FROGRAM SERVICES		27,812,996.
3 a Subtotal	60	3215			265,054,953.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	60	3215			265,054,953.
LHA For Paperwork Reduction	on Act Notice, s	see the Instruct	tions for Form 990.	Schedule F	F (Form 990) 2020

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Open to Public Inspection

58-1593137

SALES AND DISTRIBUTION

Employer identification number

OMB No. 1545-0047

SCHEDULE F (Form 990)

internaritevenue e	
Name of the o	organization

Department of the Treasury Internal Revenue Service

DKT INTERNATIONAL, INC. Schedule F (Form 990) 2020

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)	
			ecognized as charities by the f or counsel has provided a sect						
			or couriser has provided a sect			>			
Schedule F (Form 990) 2020									

58-1593137

(c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (b) Region recipients cash disbursement cash grant

(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)

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Schedule F (Form 990) 2020

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2020

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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) 2020

sc	HEDULE J	Compe	ensation Information	(OMB No.	1545-004	47
(Fo	rm 990)	90) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.			20	20	
					20	ZU	ļ
	tment of the Treasury		Attach to Form 990.	C	Open to		ic
	al Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990. Exercise Partice Parents for business use of persor indemnification and gross-up payments Parents for business use of persor indemnification and gross-up payments Personal services (such as maid, char indemnification provide any relevant information regarding payment or ememory provision of all of the expenses described above? If "No," complete Part III to explain			Inspe		mbor
Indii	le of the organization			Employer iden 58-1593		Sn nu	nper
Pa	rt I Question	;)137		
	ducotion.					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		165	
Id				990,			
				معيد احمد			
	_						
b	If any of the boxes	on line 1a are checked, did the organiza	tion follow a written policy regarding payment or				
~	-				1b	х	
2					1.0		
-	-				2	х	
					_		
3	Indicate which, if ar	v, of the following the organization used	d to establish the compensation of the organization's				
	·						
				ommittee			
				onninecoo			
4	During the year, did	any person listed on Form 990. Part VII	. Section A. line 1a. with respect to the filing				
-		• •	, · · · · , · · · - , · · · · ·				
а	-	-	t?		4a		x
b					4b	Х	
					4c		X
	j						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.				
5			-	n			
а	÷				5a	х	
					5b	Х	
6	For persons listed of	n Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation	on			
	contingent on the n	et earnings of:					
а	The organization?	-			6a		х
					6b		X
		r 6b, describe in Part III.					
7		,	did the organization provide any nonfixed payments	<u>ن</u>			
	-				7	х	
8			accrued pursuant to a contract that was subject to th				
					8		х
9			table presumption procedure described in				
_				<u></u>	9		
LHA		eduction Act Notice, see the Instruction		Schedule	J (Forr	n 990) 2020

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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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I) ⁻ (D)	in column (B) reported as deferred on prior Form 990
(1) CHRISTOPHER H. PURDY	(i)	323,840.	156,786.	138.	435,013.	33,290.	949,067.	0.
PRESIDENT & CEO	(ii)	40,000.	2,312.	0.	4,000.	0.	46,312.	0.
(2) JUAN GARCIA	(i)	128,625.	158,705.	72,824.	12,863.	13,231.	386,248.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DIMOS SAKELLARIDIS	(i)	123,250.	168,093.	51,596.	12,325.	19,944.	375,208.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL MARUN	(i)	126,250.	166,010.	38,524.	12,840.	29,451.	373,075.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HYAM BOLANDE	(i)	119,875.	131,556.	48,890.	5,938.	76,462.	382,721.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAWAR WARAICH	(i)	106,134.	172,335.	774.	10,668.	83,713.	373,624.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KERI STOCKLAND	(i)	230,255.	41,941.	60.	23,350.	13,417.	309,023.	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)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1B:

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

(2 YEARS) OF EMPLOYMENT AND EACH TWO YEARS THEREAFTER FOR 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 2020, CHRISTOPHER H. PURDY, PRESIDENT & CEO, ACCRUED \$402,013 FROM HIS

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

PART I, LINE 5:

DKT PAYS COMMISSIONS BASED ON CASH COLLECTIONS FOR REACHING SALES GOALS OF

CONTRACEPTIVE PRODUCTS. DKT ALSO PAYS COMMISSIONS FOR FUNDRAISING RESULTS,

ACHEIVEMENTS TO SUPPORT OUR MAIN KPI, THE CYP, AND REMITTANCES.

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 7:

DKT PAYS COMMISSIONS FOR FUNDRAISING RESULTS.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 58–1593137

DKT INTERNATIONAL, INC.

FORM 990, PART I:

DKT INTERNATIONAL, INC. IS A NONPROFIT CORPORATION ORGANIZED IN 1984 IN

THE UNITED STATES FOR THE PURPOSE OF DESIGNING AND IMPLEMENTING FAMILY

PLANNING PROJECTS IN DEVELOPING COUNTRIES. DKT INTERNATIONAL, INC. AND

ITS AFFILIATES (COLLECTIVELY REFERRED TO AS DKT) DIRECT SOCIAL

MARKETING PROGRAMS MAINLY IN DEVELOPING COUNTRIES BUT HAVE ALSO

EXPANDED TO SELL PRODUCTS IN DEVELOPED COUNTRIES. DKT IS ONE OF THE

WORLD'S LARGEST PROVIDERS OF FAMILY PLANNING, HIV/AIDS PREVENTION AND

SAFE ABORTION PRODUCTS AND SERVICES. ALL ACTIVITIES OF DKT ARE FUNDED

PRIMARILY FROM PRODUCT SALES AND FROM GRANTS AND CONTRIBUTIONS.

DKT IS AN INTERNATIONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF

COLUMBIA, BUT OPERATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES

AROUND THE WORLD. THESE LEGAL SUBSIDIARIES CONDUCT THE PROGRAMMATIC

FUNCTION OF DKT, INCLUDING THE DISTRIBUTION OF CONTRACEPTION PRODUCTS.

DKT INTERNATIONAL, THE U.S. HEADQUARTERS IS THE PRIMARY FUNDING AGENCY

OF ALL THE SUBSIDIARIES, AND REPORTING JUST THE OPERATIONS OF DKT

INTERNATIONAL INC. DOES NOT GIVE THE READER OR THE IRS A FULL PICTURE

OF THE ACTIVITIES OF THE ORGANIZATION. DKT HAS CHOSEN TO REPORT THE

COMPLETE ACTIVITIES OF DKT, INCLUDING THE OPERATIONS OF ITS MANY LEGAL

SUBSIDIARY CORPORATIONS IN ORDER TO ENHANCE TRANSPARENCY TO THE READER.

IF REPORTED ON AN UNCONSOLIDATED BASIS, THE U.S. HEADQUARTERS WOULD

REPORT REVENUE OF \$74.69 MILLION, COMPRISED MOSTLY FROM CONTRIBUTIONS

WITH EXPENSES OF \$58.17 MILLION. CONSIDERING THE ACTIVITIES ONLY OF THE

U.S. ENTITY OF DKT. THE PUBLIC SUPPORT PERCENTAGE CONTINUES TO BE ABOVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 42 Schedule O (Form 990 or 990-EZ) 2020

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TOTAL ENFLOYEES WORLEWIDE THAT ARE NOT U.S. CITIEENS NOT RECEIVING FORMS W-2 ARE 2,954. THEREFORE, THE TOTAL EMPLOYEES FOR THE DROAMIZATION WORLDWIDE IS 2,979. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISIMENTS: CAMPAIONS TO EDUCATE THE FUELIC ABOUT THE BENEFITS OF MODERN CONTRACEPTION, TO IMPROVE AVAILABILITY, DAT BUILDS THE CARACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DAT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS NUE SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS NUE AVAILABILITY. FOUNDED IN 1989, DAT HAS BEEN A LEADER IN DYNAMIC PANILY FLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DAT FROVIDED NUE SOLD 825 MILLION CONDOMS, 103,5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION MISOPROSTOL FILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS NUE VASECTOMIES. MID VASEC	NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR
FORMS W-2 ARE 2,954. THEREFORE, THE TOTAL EMPLOYEES FOR THE FORMS W-2 ARE 2,954. THEREFORE, THE TOTAL EMPLOYEES FOR THE SRGAMIZATION WORLDWIDE IS 2,979. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TAMPAIONS TO EDUCATE THE FUELIC ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY, DKT BUILDS THE CAPACITY OF HEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS NND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS NND AVAILABILITY. FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC FAMILY FLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED NND SOLD 825 MILLION CONDONS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IDDS, 2.5 MILLION MEDICAL ABORTION COMPENSION FOR SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMPENSION FACE, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS NND VASECTONIES. MID VASECTONIES.	THE TOTAL NUMBER OF U.S. CITIZENS RECEIVING FORMS W-2 IS 25 AND THE
RRAMIZATION WORLDWIDE IS 2,979. RRAMIZATION WORLDWIDE IS 2,979. RORM 990, PART III, LINE 4A, FROGRAM SERVICE ACCOMPLISHMENTS: SAMEAIGNS TO EDUCATE THE FUELIC ABOUT THE BENEFITS OF MODERN SONTRACEPTION. TO IMPROVE AVAILABILITY, DKT BUILDS THE CAPACITY OF MEDICAL FROVIDERS TO DISFERSE THESE FRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKX'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED FATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC PAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED AND SOLD \$25 MILLION CONDONS, 103,5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION ENERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION ENERGENCY CONTRACEPTIVES, 5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION HEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL MAD VASECTOMIES. NDD VAS	TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT U.S. CITIZENS NOT RECEIVING
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CAMPAIENS TO EDUCATE THE PUBLIC ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY, DRT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DRT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1989, DRT HAS BEEN A LEADER IN DYNAMIC PAMILY FLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DRT PROVIDED NUM SOLD 825 NILLION CONDONS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION MEDICAL ABORTION MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL FILLS, 251,000 MANUAL MACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS NUM VASECTOMIES. MID VASECTOMIES. MID VASECTOMIES. MOD	FORMS W-2 ARE 2,954. THEREFORE, THE TOTAL EMPLOYEES FOR THE
CAMPAIGNS TO EDUCATE THE PUBLIC ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY, DAT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DAT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1989, DAT HAS BEEN A LEADER IN DYNAMIC PAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DAT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 AILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION TUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 AILLION CONTRACEPTIVES, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL FACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, ERUGUAY, GHANA, INDIA, MEXICO, DESERVER AND ASPIRATE ON CONTRACE, 2000 TUBAL AND 52,000 TUBAL CONTRACE, 2000 TUBAL AND ADDIAL FROM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, ERUGUAY, GHANA, INDIA, MEXICO, DESERVER AND ASPIRATE ON FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, DESERVER AND	ORGANIZATION WORLDWIDE IS 2,979.
CAMPAIGNS TO EDUCATE THE PUBLIC ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY, DAT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DAT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1989, DAT HAS BEEN A LEADER IN DYNAMIC PAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DAT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 AILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION TUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 AILLION CONTRACEPTIVES, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL FACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, ERUGUAY, GHANA, INDIA, MEXICO, DESERVER AND ASPIRATE ON CONTRACE, 2000 TUBAL AND 52,000 TUBAL CONTRACE, 2000 TUBAL AND ADDIAL FROM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, ERUGUAY, GHANA, INDIA, MEXICO, DESERVER AND ASPIRATE ON FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, DESERVER AND	
CONTRACEPTION. TO IMPROVE AVAILABILITY, DET EUILDE THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DET'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1989, DET HAS BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DET PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVES SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS NUN VASECTOMIES. FORM 990, PART V, LINE 48, LIST OF FOREIGN COUNTRIES; INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, DEUGUAY, GHANA, INDIA, MEXICO, 22222 11/2020 423	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC FRAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL FILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART Y, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, PRUGUAY, GHANA, INDIA, MEXICO, MEDICAL 423 Schedule O (Form 990 or 990-EZ) 20	CAMPAIGNS TO EDUCATE THE PUBLIC ABOUT THE BENEFITS OF MODERN
SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY, FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION FACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, PRUGUAY, GHANA, INDIA, MEXICO, MISSING 43	CONTRACEPTION. TO IMPROVE AVAILABILITY, DKT BUILDS THE CAPACITY OF
AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS AND AVAILABILITY, FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, FRUGUAY, GHANA, INDIA, MEXICO, M2212 11-2-20 43	MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS SAFELY AND COMPETENTLY. IN
AND AVAILABILITY. FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC PAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, IRUGUAY, GHANA, INDIA, MEXICO, M2212 11-202 43	SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES OFFER CONTRACEPTIVE PRODUCTS
PAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, 32212 11-2-20 43	AND SERVICES AT SUBSIDIZED RATES IN ORDER TO DIRECTLY INCREASE ACCESS
AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9 MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, JRUGUAY, GHANA, INDIA, MEXICO, 322212 11-20-20 43	AND AVAILABILITY. FOUNDED IN 1989, DKT HAS BEEN A LEADER IN DYNAMIC
MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, JRUGUAY, GHANA, INDIA, MEXICO, J32212 11-20-20 43	FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS. IN 2020, DKT PROVIDED
CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, FART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, JRUGUAY, GHANA, INDIA, MEXICO, J32212 11-20-20 43	AND SOLD 825 MILLION CONDOMS, 103.5 MILLION ORAL CONTRACEPTIVES, 15.9
MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, 132212 11-20-20 Schedule O (Form 990 or 990-EZ) 20 43	MILLION EMERGENCY CONTRACEPTIVES, 16.6 MILLION INJECTABLE
COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, JRUGUAY, GHANA, INDIA, MEXICO, J32212 11-20-20 43	CONTRACEPTIVES, 4 MILLION IUDS, 2.5 MILLION HORMONAL IMPLANTS, 3.2
VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, JRUGUAY, GHANA, INDIA, MEXICO, J32212 11-20-20 43	MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL ABORTION
AND VASECTOMIES. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, 032212 11-20-20 43	COMBINATION PACKS, 19.3 MILLION MISOPROSTOL PILLS, 251,000 MANUAL
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 20 43	VACUUM ASPIRATION KITS, 1.5 MILLION CANNULE AND 52,000 TUBAL LIGATIONS
INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 20 43	AND VASECTOMIES.
INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 20 43	
URUGUAY, GHANA, INDIA, MEXICO, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 20 43	FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
2032212 11-20-20 Schedule O (Form 990 or 990-EZ) 20 43	INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA,
43	URUGUAY, GHANA, INDIA, MEXICO,
01110 153424 0200539-00001 2020.05000 DKT INTERNATIONAL, INC. 0200	
	01110 153424 0200539-00001 2020.05000 DKT INTERNATIONAL, INC. 0200

FORM 990, PART 1, LINE 5:

DKT INTERNATIONAL, INC.

THE REQUIRED MINIMUM OF 33 1/3% AS REQUIRED BY IRC 509(A)(2).

Employer identification number 58-1593137

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization DKT INTERNATIONAL, INC.	Employer identification number 58-1593137
EGYPT, MOZAMBIQUE, VIETNAM, CHINA,	
CONGO, DEM REP, TANZANIA, BURMA, NIGERIA,	
PAKISTAN, BOLIVIA, TURKEY, FRANCE,	
LIBERIA, SIERRA LEONE, UNITED KINGDOM, ARGENTINA,	
CHILE, ECUADOR, PARAGUAY, PERU,	
PANAMA, COLOMBIA, AFGHANISTAN, SINGAPORE,	
IRAN, SENEGAL, CAMEROON, COTE D IVOIRE,	
UGANDA	
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.	
FORM 990, PART VI, SECTION B, LINE 15A:	
PROCESS OF DETERMINING COMPENSATION	Schedule O (Form 990 or 990-EZ) 2020

12401110 153424 0200539-00001

Schedule O (Form 990 or 990 EZ) 2020 Name of the organization	Page 2 Employer identification number
DKT INTERNATIONAL, INC.	58-1593137
THE BOARD OF DIRECTORS OBTAINS COMPARABILITY STATISTICS FROM ORGANIZATIONS	
OF SIMILAR SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF	
RESPONSIBILITY. THEY ALSO CONSIDER SUCH FACTORS AS SENIORITY, WHERE THERE	
ARE POSTED AND SPECIAL SKILLS NEEDED FOR THE PARTICULAR POSITION. THE BOARD	
OF DIRECTORS MUST THEN VOTE ON THE LEVELS OF COMPENSATION FOR THE PRESIDENT	
& CEO. DKT HAS ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION	
CONSULTANT TO EVALUATE ITS POLICIES AND COMPENSATION PLAN.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF ORGANIZATIONAL DOCUMENTS	
FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS	
ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH	
IN IRC SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSACTION GAIN (LOSS) -379,551.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

ADDIS ABABA, ETHIOPIA	FAMILY PLANNING PRODUCTS	ETHIOPIA	N/A	dkt
DKT INTERNATIONAL INC. GHANA				
HSC327/14MII BONEY ST	SALE AND DISTRIBUTION OF			
DZORWULU, ACCRA, GHANA	FAMILY PLANNING PRODUCTS	GHANA	N/A	dkt
DKT INTERNATIONAL, INC LIBERIA				
MONTSERRAD BUSHROD ISLAND ACROSS	SALE AND DISTRIBUTION OF			
SAYON TOWN, LIBERIA	FAMILY PLANNING PRODUCTS	LIBERIA	N/A	DKT

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

Schedule R (Form 990) 2020

(g) Section 512(b)(13)

controlled

entity?

No

Yes

х

Х

Х

Х

Direct controlling

entity

DKT

032161 10-28-20 LHA

DKT DR CONGO

P.O. BOX 8744

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

Primary activity

SALE AND DISTRIBUTION OF

FAMILY PLANNING PRODUCTS

SALE AND DISTRIBUTION OF

(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

Legal domicile (state or

foreign country)

CONGO (KINSHASA)

Exempt Code

section

N/A

Public charity

status (if section

501(c)(3))

DKT INTERNATIONAL, INC.

Name, address, and EIN

of related organization

AVENUE DU MILITANT NO1/3691-CROIS

DINK KISTET LETENA (DKT ETHIOPIA)

BARUMBU, KINSHASA, CONGO (KINSHASA)

Part I

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

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2020 **Open to Public**

Inspection

mepeeden
Employer identification number
58-1593137

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
DKT INTERNATIONAL, INC. SIERRA LEONE							
1 BETTS FARM OFF SIR SAMUEL LEWIS	SALE AND DISTRIBUTION OF						
FREETOWN, SIERRA LEONE	FAMILY PLANNING PRODUCTS	SIERRA LEONE	N/A		DKT	X	
JANANI							
B-4 PRESS APARTMENTS 23 INDRAPRAS	SALE AND DISTRIBUTION OF						
DELHI, INDIA 110017	FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	
DKT INDIA							
67 A LINKING ROAD SANTA CRUZ	SALE AND DISTRIBUTION OF						
MUMBAI, INDIA	FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	
YAYASAN DKT INDONESIA							
GRAHA SUCOFINDO LT 12 JALAN RAYA	SALE AND DISTRIBUTION OF						
JAKARTA, INDONESIA	FAMILY PLANNING PRODUCTS	INDONESIA	N/A		DKT	X	
DKT INTERNATIONAL INC. MYANMAR BRANCH							
NO 027/1 YAN AUNG LANE 2	SALE AND DISTRIBUTION OF						
YANKIN TOWNSHIP, BURMA	FAMILY PLANNING PRODUCTS	BURMA	N/A		DKT	Х	
DEEP K. TYAGI FOUNDATION NIGERIA							
GRACE HOUSE NO 2 IWAYA ROAD ONI	SALE AND DISTRIBUTION OF						
LAGOS, NIGERIA	FAMILY PLANNING PRODUCTS	NIGERIA	N/A		ОКТ	х	
REGIONAL OPERATING HEADQUARTERS							
80 EAST RODRIGUEZ JR AVENUE C-5 L	SALE AND DISTRIBUTION OF						
QUEZON CITY, PHILIPPINES 1110	FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		ОКТ	x	
DKT PHILIPPINES INC.							
80 EAST RODRIGUEZ JR AVENUE C-5 L	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	SALE AND DISTRIBUTION OF						
HANOI, VIETNAM	FAMILY PLANNING PRODUCTS	VIETNAM	N/A		DKT	x	
DKT INTERNATIONAL FOUNDATION UK							
50 BROADWAY							1
LONDON, UNITED KINGDOM SW1H0BL	FAMILY PLANNING	UNITED KINGDOM	N/A		DKT	x	1
FEMHEALTH USA INC - 46-4144274				1			
1156 15TH STREET NW							1
WASHINGTON, DC 20005	FAMILY PLANNING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	DKT	x	1

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

	, ,	,								-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene man par	eral or aging tner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
PHP HOLDINGS, LLC - 83-2555978, 1640 ROANOKE	-											
BLVD., SALEM, VA 24153	HOLDING COMPANY	VA	DKT		-778.	550,779.		х	N/A		х	50.00%
	-											
	-											
	-											
	_											
	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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								
CERRITO 1070 PISO 3 OFICINA 71	OF FAMILY PLANNING								
BUENOS AIRES, ARGENTINA	PRODUCTS	ARGENTINA	DKT	C CORP	0.	85,174.	100%	Х	
DKT BOLIVIA IMPORTADORA Y COMERCIALIZADORA	SALE AND DISTRIBUTION								
DE PRODUCTOS DE PLANIFICACION FAM, AVENIDA	OF FAMILY PLANNING								
LAS AMERICAS ESQUINA 7, SAAVEDRA, BOLIVIA	PRODUCTS	BOLIVIA	DKT	C CORP	94,160.	350,198.	95.00%	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	8,653,795.	14,334,810.	99.99%	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	1,082,627.	6,132,479.	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	571,917.	1,719,477.	100%	Х	

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont	(i) ction (b)(13) trolled tity?
		country)		or trusty		255615		Yes	No
DKT COLOMBIA S.A.S.	SALE AND DISTRIBUTION								
CL 70 A NR 4-41	OF FAMILY PLANNING								
BOGOTA, COLOMBIA	PRODUCTS	COLOMBIA	DKT	C CORP	19,234.	414,075.	100%	х	
DKT ECUADOR S.A.	SALE AND DISTRIBUTION								
AV REPUBLICA DEL SALVADOR 1082 TO	OF FAMILY PLANNING								
QUITO, ECUADOR	PRODUCTS	ECUADOR	DKT	C CORP	8,530.	227,620.	100%	х	
DKT SOUTH AMERICA HOLDING INC.	SALE AND DISTRIBUTION								
AVE PASEO DEL MAR COSTA DEL ESTE	OF FAMILY PLANNING								
PANAMA CITY, PANAMA	PRODUCTS	PANAMA	DKT	C CORP	0.	2,742,597.	100%	x	
DKT PARAGUAY SOCIEDAD ANONIMA	SALE AND DISTRIBUTION								
JUAN DE SALAZAR 657	OF FAMILY PLANNING								
ASUNCION, PARAGUAY	PRODUCTS	PARAGUAY	DKT	C CORP	29,256.	244,285.	100%	x	
DKT PERU S.A.C.	SALE AND DISTRIBUTION								
AV VICTOR ANDRES BELAUNDE 147	OF FAMILY PLANNING								
LIMA, PERU	PRODUCTS	PERU	DKT	C CORP	52,949.	680,968.	100%	x	
DKT URUGUAY S.A.	SALE AND DISTRIBUTION								<u> </u>
CALLE COLONIA 810 APTO 403	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	45,936.	375,928.	100%	x	
DKT EGYPT LLC (091)	SALE AND DISTRIBUTION								
17 AL-TAQA ST	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	0.	112,271.	96.00%	x	
DKT LLC (092)	SALE AND DISTRIBUTION								
17 AL-TAQA ST	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	948,829.	1,821,958.	92.00%	x	
JANANI FAMILY CARE PRIVATE LIMITED	SALE AND DISTRIBUTION								
FLAT-253 PLOT-4 THE SETH CIHAR CG	OF FAMILY PLANNING								
DELHI, INDIA 110078	PRODUCTS	INDIA	DKT	C CORP	5,378,797.	3,491,340.	100%	x	
DKT HEALTHCARE INDIA PRIVATE LTD	SALE AND DISTRIBUTION					,			
HEM-DIL 2ND FLOOR 67-A LINKING RO	OF FAMILY PLANNING								
MUMBAI, INDIA 400054	PRODUCTS	INDIA	DKT	C CORP	3,130,164.	2,549,640.	99.99%	x	
PT DKT INDONESIA	SALE AND DISTRIBUTION					,			
GRAHA SUCOFINDO LT 12 JL RAYA PA	OF FAMILY PLANNING								
JAKARTA, INDONESIA 12780	PRODUCTS	INDONESI	DKT	C CORP	7,884,514.	13,239,575.	99.00%	x	
PT. DHARMENDRA KUMAR TIYAGI INDONESIA	SALE AND DISTRIBUTION				, , ,	, , ,			<u> </u>
TAMAN TEKNO BSD SEKTOR XI G-3 NO2	OF FAMILY PLANNING								
TANGERANG, INDONESIA	PRODUCTS	INDONESI	DKT	C CORP	11,246,344.	17,378,115.	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) stion b)(13) rolled tity?
		country)						Yes	No
DKT DE MEXICO SA DE CV	SALE AND DISTRIBUTION								
AV MIGUEL ANGEL DE QUEVEDO 696 DE LAS LOMAS	OF FAMILY PLANNING								
CIUDAD DE MEXICO, MEXICO	PRODUCTS	MEXICO	DKT	C CORP	8,986,413.	11,869,534.	99.99%	X	<u> </u>
DKT MOZAMBIQUE, LIMITADA	SALE AND DISTRIBUTION								
RUA PEREIRA DO LAGO 56 SOMMERSCHEI	OF FAMILY PLANNING								
MAPUTO, MOZAMBIQUE	PRODUCTS	MOZAMBIQU	локт	C CORP	2,888,679.	1,843,094.	97.50%	X	
DKT PAKISTAN (PRIVATE) LIMITED	SALE AND DISTRIBUTION								
SUITE 14 4TH FLOOR KHALID TARA	OF FAMILY PLANNING								
KARACHI, PAKISTAN	PRODUCTS	PAKISTAN	DKT	C CORP	8,558,789.	9,559,850.	99.99%	х	
ASIA RH SUPPLY PTE . LTD	SALE AND DISTRIBUTION								
30 CECIL STREET 19-08 PRUDENTIAL	OF FAMILY PLANNING								
SINGAPORE, SINGAPORE 049712	PRODUCTS	SINGAPORE	DKT	C CORP	3,852,389.	3,772,197.	100%	x	
DKT INTERNATIONAL TANZANIA LIMITED	SALE AND DISTRIBUTION								
PLOT NUMBER 1087 MERERANI ROAD	OF FAMILY PLANNING								
DAR ES SALAAM, TANZANIA 23471	PRODUCTS	TANZANIA	DKT	C CORP	2,716,531.	2,908,984.	100%	x	
DKT INTERNATIONAL SEGAL COMPANY (PRIVATE	SALE AND DISTRIBUTION								
JOINT STOCKS), ROUTE DES ALMADIES LOT 25,	OF FAMILY PLANNING								
DAKAR, IRAN	PRODUCTS	IRAN	dkt	C CORP	0.	0.	99.99%	x	
DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI	SALE AND DISTRIBUTION								
ITHALAT TICARET LTD. COMPANY, TALATPASA	OF FAMILY PLANNING								
BULVARI AKGUN, ALSANCAKIZMIR, TURKEY 35/5	PRODUCTS	TURKEY	dkt	C CORP	1,632,393.	2,971,199.	92.46%	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	915,802.	3,006,583.	100%	x	
DKT INTERNATIONAL CAMEROON S.U.A.R.L.	SALE AND DISTRIBUTION								
BONAMOUSSADI OPPOSITE QUIFEUROU SAB	OF FAMILY PLANNING								
DOULA, CAMEROON	PRODUCTS	CAMEROON	DKT	C CORP	1,855,574.	1,139,902.	100%	x	
DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L.	SALE AND DISTRIBUTION								
COCODY ANGR 8M TRANCHE LOT 565 IL	OF FAMILY PLANNING	COTE							
ABIDJAN, COTE D'IVOIRE (IVORY COAST)	PRODUCTS	D'IVOIRE	DKT	C CORP	713,401.	1,325,275.	100%	x	
GOLDEN CHOICE COMPANY LIMITED	SALE AND DISTRIBUTION					,			
13TH FLOOR ICON4 TOWER 243A DE LA	OF FAMILY PLANNING								
HANOI, VIETNAM	PRODUCTS	VIETNAM	DKT	C CORP	1,492,372.	1,860,105.	100%	x	
DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL	SALE AND DISTRIBUTION				, , ,	, , ,			
LTD, BOA HOUSE 5TH FLOOR WESTLANDS, NAIROBI,	OF FAMILY PLANNING								
KENYA	PRODUCTS	KENYA	DKT	C CORP	1,992,682.	2,369,535.	98.00%	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(cont	(i) ction b)(13) rolled tity?
		country)						Yes	No
DKT HEALTHCARE INTERNATIONAL UGANDA LTD	SALE AND DISTRIBUTION								
14-18 COOPER ROAD 4TH FLOOR ACACIA	OF FAMILY PLANNING								
KAMPALA, UGANDA	PRODUCTS	UGANDA	DKT	C CORP	1,088,932.	1,821,034.	100%	X	
WOMANCARE GLOBAL TRADING CIC	SALE AND DISTRIBUTION								
50 BROADWAY	OF FAMILY PLANNING	UNITED							
LONDON, UNITED KINGDOM	PRODUCTS	KINGDOM	DKT	C CORP	5,639,982.	9,034,128.	100%	X	
WOMANCARE GLOBAL SERVICES	SALE AND DISTRIBUTION								
43 AVENUE DE LA GRANDE-ARMEE	OF FAMILY PLANNING								
PARIS, FRANCE 75116	PRODUCTS	FRANCE	DKT	C CORP	2,925,267.	1,042,547.	100%	X	
DKT INTERNATIONAL, INC (JORDAN) LTD	SALE AND DISTRIBUTION								
151 WASFI ALTAL STREET, AL SALHEEN NEIGHBORH	OF FAMILY PLANNING								
AMMAN, JORDAN	PRODUCTS	JORDAN	DKT	C CORP	٥.	145,051.	100%	x	
DKT INTERNATIONAL, INC AFGHANISTAN	SALE AND DISTRIBUTION								
SUITE NO. 14, 4TH FLOOR, KHALID TARAKAY MARK	OF FAMILY PLANNING								
KABUL, AFGHANISTAN	PRODUCTS	AFGHANIST	DKT	C CORP	425,098.	400,717.	100%	х	
DKT BEIJING INTERNATIONAL TRADE CO LTD	SALE AND DISTRIBUTION								
SHUANG ZI ZUO MANSION, EAST TOWER, 10TH FLOOD	OF FAMILY PLANNING								
JIAN GUO MEN WAI DA STREET YI AREA, CHAO	PRODUCTS	CHINA	DKT	C CORP	Ο.	0.	100%	x	
DKT INTERNATIONAL (SHANGHAI) LTD	SALE AND DISTRIBUTION								
2088 HUA SHAN ROAD, HUI YING SQUARE, SOUTH B	OF FAMILY PLANNING								
SHANGHAI, CHINA	PRODUCTS	CHINA	DKT	C CORP	411,344.	183,986.	100%	x	
SYB DE MEXICO, S.A DE C.V	SALE AND DISTRIBUTION								
523 RODRIGUEZ SARO, LOCAL 5-A	OF FAMILY PLANNING								
COLONIA DEL VALLE, ALCALDIA BENITO JUAREZ,	PRODUCTS	MEXICO	DKT	C CORP	٥.	0.	100%	x	
MODERN CHOICE EXPERTS CO. LTD.	SALE AND DISTRIBUTION								
NO. 02, 7/1 YAN AUNG LANE 2	OF FAMILY PLANNING								
YANKIN TOWNSHIP, BURMA	PRODUCTS	BURMA	DKT	C CORP	219,788.	518,799.	35.00%	x	
DKT HEALTH INC.	SALE AND DISTRIBUTION								
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	ОКТ	C CORP	16,360,889.	25,736,670.	99.99%	x	
DKT REPRODUCTIVE HEALTH, INC.	SALE AND DISTRIBUTION					. ,			
81 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	DKT	C CORP	49,141.	4,476,935.	100%	x	
HEALTHSENCE, INC.	SALE AND DISTRIBUTION				, ,	, , .			
82 EAST RODRIGUEZ JR. AVENUE C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	DKT	C CORP	80.	156,375.	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 conti ent	(i) ction b)(13) rolled tity?
		country)		or trust)		assets			No
DKT SUDAN	SALE AND DISTRIBUTION								
BLOCK 51, 23 STREET	OF FAMILY PLANNING								
OMARAT KHARTOUM, SUDAN	PRODUCTS	SUDAN	DKT	C CORP	0.	0.	100%	x	<u> </u>

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

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

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	8,765,864.	Cash
(2) DKT EGYPT LLC (091)	В	249,504.	Сазн
(3) DINK KISTET LETENA (DKT ETHIOPIA)	В	1,925,107.	САЅН
(4) DKT INTERNATIONAL INC. GHANA	В	3,518,056.	CASH
(5) DKT INTERNATIONAL, INC LIBERIA	В	412,638.	САЅН
(6) DKT INDIA	В	3,014,456.	CASH

(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(7)JANANI	В	2,464,799.	CASH
(8) DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD	В	2,289,785.	CASH
(9)DKT MOZAMBIQUE, LIMITADA	В	3,128,580.	CASH
(10)DKT INTERNATIONAL INC. MYANMAR BRANCH	В	1,021,444.	CASH
(11)MODERN CHOICE EXPERTS CO. LTD.	В	100,000.	САЅН
(12)DEEP K. TYAGI FOUNDATION NIGERIA	В	4,932,710.	CASH
(13)DKT PAKISTAN (PRIVATE) LIMITED	В	6,402,428.	CASH
(14)DKT INTERNATIONAL INC. AFGHANISTAN	В	424,047.	CASH
(15)DKT PHILIPPINES, INC.	В	173,027.	CASH
(16)DKT INTERNATIONAL TANZANIA	В	2,631,172.	CASH
(17)DKT HEALTHCARE INTERNATIONAL UGANDA LTD	В	1,192,728.	
(18)GOLDEN CHOICE COMPANY LIMITED	В	1,100,000.	
(19)DKT INTERNATIONAL CAMEROON S.U.A.R.L.	В	1,003,567.	
(20)DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L.	В	76,850.	
(21)WOMANCARE GLOBAL TRADING CIC	В	975,000.	
(22)FEMHEALTH USA, INC.	В	950,000.	
(23)DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA.	В	340,892.	
(24)REGIONAL OPERATING HEADQUARTERS	В	770,021.	

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

Schedule R (Form 990) DKT INTERNATIONAL, INC.

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) DINK KISTET LETENA (DKT ETHIOPIA)	F	292,178.	сазн
(8) ASIA RH SUPPLY PTE LTD	F	2,646,580.	САЅН
(9) REGIONAL OPERATING HEADQUARTERS	F	2,302,116.	CASH
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2020 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.

(0)	<u> </u>	C	(d)	6	1	(4)	(a)		<u>لما</u>	(1)	(i)	(k)
(a)	(b)	(c)	(d)	Are Are partners 501(c orgs	all	(f) Chang af	(g)		h)	(i)	(j)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. :)(3)	Share of total	Share of end-of-year	tio	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	·
				$ \downarrow \downarrow$								ļ
				$\left \right $					-			

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 DKT INTERNATIONAL, INC.	58-1593137	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:		
NAME AND ADDRESS OF RELATED ORGANIZATION:		
DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI ITHALAT TICARET		
LTD. COMPANY		
TALATPASA BULVARI AKGUN		
ALSANCAKIZMIR, TURKEY 35/5 3522		
NAME AND ADDRESS OF RELATED ORGANIZATION:		
DKT BEIJING INTERNATIONAL TRADE CO LTD		
SHUANG ZI ZUO MANSION, EAST TOWER, 10TH FLOOR, UNIT 27		
JIAN GUO MEN WAI DA STREET YI AREA, CHAO YANG DISTRICT, CHINA		
NAME AND ADDRESS OF RELATED ORGANIZATION:		
SYB DE MEXICO, S.A DE C.V		
523 RODRIGUEZ SARO, LOCAL 5-A		
COLONIA DEL VALLE, ALCALDIA BENITO JUAREZ, MEXICO 04000		

032165 10-28-20