Form	qqn
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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

<u>A</u>	For the	and and a sear, or tax year beginning and	a enaing				
В	Check if applicable			D Employer identi	fication number		
	Addres	DKT INTERNATIONAL, INC.]			
	Name change	Doing business as		58-159313	7		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er		
	Final return/	1001 CONNECTICUT AVENUE, NW	(202) 223-8				
	termin- ated	G Gross receipts \$	268,477,786.				
	Ameno	WASHINGION, DC 20030		H(a) Is this a group			
	Applic tion	F name and address of principal officer: Charles of here h. Fordi		for subordinate	es? Yes X No		
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No		
		empt status: 🗴 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🚺 4947(a)(1)) or 📃 527	If "No," attach	a list. See instructions		
		e: WWW.DKTINTERNATIONAL.ORG		H(c) Group exempti	on number 🕨		
		organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1984	M State of legal domicile: NC		
P	art I	Summary					
đ	1	Briefly describe the organization's mission or most significant activities: TO PR	OVIDE AFFO	ORDABLE AND SAFE			
Governance		OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION.					
erné	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more				
Ň	3			3			
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)					
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)					
Activities &	6	Total number of volunteers (estimate if necessary)					
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					
				Prior Year	Current Year		
en	8	Contributions and grants (Part VIII, line 1h)		66,904,626 4,448,398			
Revenue	9	Program service revenue (Part VIII, line 2g)		9,847,685			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,561,251			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143,761,960	73,810,774. 141,765,720.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		143,701,500	· · ·		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	•		
	45	Benefits paid to or for members (Part IX, column (A), line 4)		46,648,546	•		
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0			
Expenses	lua b		,399.				
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	81,979,892	. 88,326,752.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		128,628,438			
		Revenue less expenses. Subtract line 18 from line 12		15,133,522			
-r	10 1			ginning of Current Year	, ,		
ets (20	Total assets (Part X, line 16)		309,590,554			
Ass	21	Total liabilities (Part X, line 26)		78,598,657			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		230,991,897			
	art II	Signature Block	•		•		
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of n	ny knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.			
Sig	ın	Signature of officer		Date			
He	re	CHRISTOPHER H. PURDY, PRESIDENT & CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN PTIN		
Pai	d	MARY TORRETTA Mary O Outline		9/30/22 ^{if} self-empl	_{oyed} P00847851		
	parer	Firm's name GRANT THORNTON LLP		Firm's EIN 🕨	36-6055558		
Use	Only	Firm's address 🕨 1000 WILSON BOULEVARD, SUITE 1400					
		ARLINGTON, VA 22209		Phone no. (7	03) 847-7500		
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
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 c	on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program si	onvicos?	Yes X N
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the tot	al expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$134,912,918. including grants of \$) (Revenue \$	78,286,584
	DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND		
	REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD,		
	SERVING 54.2 MILLION COUPLES IN 2021, AND PREVENTING 10.5 MILLION		
	UNWANTED PREGNANCIES, 8.3 MILLION UNSAFE ABORTIONS AND 28,500 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. (SEE SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ including grants of \$) (Revenue \$		
4d 4e)
	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (20

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Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Form 990 (2021)

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Form	990	(2021)

DKT INTERNATIONAL, INC.

Pa	t IV Checklist of Required Schedules (continued)			J
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	Schedule J	23		
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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2021.04030 DKT INTERNATIONAL, INC.

Page 4

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art	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	led for the calendar year ending with or within the year covered by this return	2a 27		77	
	at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	lote: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction				
			3a		X
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	t any time during the calendar year, did the organization have an interest in, or a signature or other a				
	nancial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	X	
	"Yes," enter the name of the foreign country SEE SCHEDULE O				
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	. ,	-		v
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
	bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
	boes the organization have annual gross receipts that are normally greater than \$100,000, and did th				
			<u>6a</u>		X
	"Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	vere not tax deductible?		6b		
	rganizations that may receive deductible contributions under section 170(c).				
a D	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
c D	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	o file Form 8282?	1 1	7c		X
d If	"Yes," indicate the number of Forms 8282 filed during the year	7d			
e D	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f D	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g If	the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h lf	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8 S	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
S	ponsoring organization have excess business holdings at any time during the year?		8		
9 S	ponsoring organizations maintaining donor advised funds.				
a D	hid the sponsoring organization make any taxable distributions under section 4966?		9a		
bΓ	hid the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
	ection 501(c)(7) organizations. Enter:				
	itiation fees and capital contributions included on Part VIII, line 12	10a	4		
b 🤆	bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
	ection 501(c)(12) organizations. Enter:				
	aross income from members or shareholders	11a	4		
b G	cross income from other sources. (Do not net amounts due or paid to other sources against				
a	mounts due or received from them.)	11b			
2a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b If	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3 S	ection 501(c)(29) qualified nonprofit health insurance issuers.				
a la	the organization licensed to issue qualified health plans in more than one state?		13a		
N	lote: See the instructions for additional information the organization must report on Schedule O.				
bΕ	nter the amount of reserves the organization is required to maintain by the states in which the				
0	rganization is licensed to issue qualified health plans	13b			
	nter the amount of reserves on hand	13c			
			14a		X
b If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	xcess parachute payment(s) during the year?		15		x
	"Yes," see the instructions and file Form 4720, Schedule N.				
	s the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	"Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	ctivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	"Yes," complete Form 6069.				
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	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec						
			1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4						X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b						
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:			
а	The governing body?			8a	х	
b					х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	If there are naturial differences in voting (dbits among members of the governing body, or if the governing body delgated broad authority to an executive committee, explain on Schedule 0. In the organization result, trustee, or key employees have a lamily relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a significant diversion of the organization bacements or stackholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other and ingoverning body? Did the organization have written policies and for the governing body? Did the organization have to a constenction of polycee listed in Part VII, Section A, who cannot be reached at the organization have written policies and formation about policies not required by the Internal Revenue Code.) Did the organization have written policies and formation to ever writts form 90 to all members of tagoverning body before filing the form? Did the organization have a written contict of interest policy? If Via, ' or to ine 13. Did due or					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
				10b	х	
11a					Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	х	
b					Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es." d	lescribe			
		,		12c	х	
13				13	Х	
14					Х	
15						
		,				
а				15a	х	
						x
16a		nent w	vith a			
				16a	х	
b	, , ,					
			•			
				16b	х	
Sec						
17						
18	tion A. Governing Body and Management Enter the number of voting members of the governing body, at the end of the tax year 1 5 If there are matrix differences in voting rights among members of the governing body, or 11 the governing body, or 11 the governing body, end there are matrix differences in voting rights among members included on line 1a, above, who are independent 1 4 Up any officer, director, rutates, or key employees to a management duries customarily performed by or under the direct supervision of of officers, directors, trustees, or key employees to a management company or other person? 1 4 Did the organization backers accound using the year of a significant diversion of the organization's asset? 1 1 4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the optical diversion of the organization's asset? 1 1 1 4 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the optical diversion of the organization's asset? 1 <td< td=""><td></td><td>availa</td><td>hlo</td></td<>			availa	hlo	
10		10 000	1 (30011001	(0)(0)3 0119)	avana	
		00.0	bodula ()			
				w and finar	icial	
10		mict (or interest polic	y, and inal	icial	
19		ke er	d rocarda 🕨			
	- State the name, address, and telephone number of the person who possesses the ordanization's boo	ks and				
19 20						
	KERI STOCKLAND - (202) 223-8780					

Form 990 (2	021) DKT INTERNATIONAL, INC.	58-1593137	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	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 w	ith or within the organizatior	i's tax year.
● List a	I of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compen	sation.

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

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	۱ than e	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	lirecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		90	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		vold	t con	_	1099-INEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTOPHER H. PURDY	40.00	_			-					
PRESIDENT & CEO	24.00	х		х				581,608.	40,791.	373,056.
(2) TODD CALLAHAN	12.00									
PROGRAM MANAGER	28.00					х		437,751.	0.	34,364.
(3) DIMOS SAKELLARIDIS	40.00									
PROGRAM MANAGER	0.00					x		406,323.	0.	33,747.
(4) HYAM BOLANDE	28.00									
PROGRAM MANAGER	12.00					x		374,157.	0.	33,431.
(5) JEAN CHRISTOPHE CARRAU	40.00									
PROGRAM MANAGER	0.00					x		352,657.	0.	32,864.
(6) JACQUES ANTOINE MARTIN	40.00									
PROGRAM MANAGER	0.00					x		339,675.	0.	18,397.
(7) KERI STOCKLAND	40.00									
CHIEF FINANCIAL OFFICER	0.00			х				263,812.	0.	39,044.
(8) MICHELE THORBURN	40.00									
ASSISTANT SECRETARY	0.00			Х				97,098.	0.	25,727.
(9) PHILIP D. HARVEY	0.25									
FOUNDER & CHAIR (THRU 12/21)	0.00	Х		Х				0.	0.	0.
(10) ROBERT L. CISZEWSKI	0.25									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(11) CARLOS GARCIA	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(12) MATHEEW REEVES	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
(13) JULIE STEWART	0.25									
DIRECTOR	0.00	Х						0.	0.	0.
		-								
		-								
			<u> </u>		<u> </u>					
		-								
122207 10 00 01		I								Eorm 990 (2021)

132007 12-09-21

Form 990 (2021)

Form 990 (2021) DKT INTERNATI	ONAL, INC.								58-15	593137		P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Posi heck r ss per	C) ition more rson i		ne an	(D) Reportable compensation from	(E) Reportable compensatic from related	on		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	e ion ed
		-											
		-								-+			
										\rightarrow			
										-+			
										\rightarrow			
										-+			
1b Subtotal								2,853,081.	40,	791. 0.		590,	630. 0.
c Total from continuation sheets to Part VII <u>d</u> Total (add lines 1b and 1c)								2,853,081.	40,	791.		590,	630.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			17
												Yes	No
3 Did the organization list any former officer,	-			•			Ŭ				3		x
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su										····	3		
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		х
Section B. Independent Contractors			51 30		10/3	011 .				<u></u>	•		
1 Complete this table for your five highest con the organization. Report compensation for t										oensati	on fro	om	
(A)			, i uii	ig w				(B)			(0		
RANT THRONTON LLP, 3333 FINLEY ROAD							_	Description of s			mpe	nsatio	
DOWNERS GROVE, IL 60515-1253								AUDITING AND TAX S	ERVICES			215,	757.
SBJ GLOBAL COMMUNICATION WORKS, LLC												,	
5031 HEATHERGLEN DRIVE, HOUSTON, TX 7	77096							CONSULTING SERVICE	S			125,	754.
GOPA WORLDWIDE CONSULTANTS, HINDENBUR	RGRING												
18 61348 BAD, HOMBURG, GERMANY								CONSULTING SERVICE	S			115,	620.
ALAN CHRISTOPHER BUSHNELL												100	207
81 OAK BLUFFS, PITTSBORO, NC 27312 DAVID NEGUS, 1725 I STREET, NW #300,							-	LEGAL SERVICES				то8,	397.
WASHINGTON, DC 20006								CONSULTING SERVICE	S			106,	860.
2 Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than			,	
\$100,000 of compensation from the organiz	ation 🕨				Į	5							

132008 12-09-21

Form **990** (2021)

ar	t VIII									_
		Check if Schedule O	conta	ains a respo	onse	or note to any line	e in this Part VIII	(D)		<u>(</u> D)
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						00010110 012
and Other Similar Amounts		Membership dues								
o E		Fundraising events								
ar A		Related organizations								
mil		Government grants (contr				796,182.				
2		All other contributions, gifts,								
the		similar amounts not included	l abov	re 1f		54,094,203.				
D	g	Noncash contributions included in	lines 1	a-1f 1g	\$					
an	h	Total. Add lines 1a-1f				>	54,890,385.			
						Business Code				
	2 a	HEALTH CENTER FEES				900099	5,686,378.	5,686,378.		
an	b									
/eni	С									
Hevenue	d									
	e f	All other program service	rours	2110						
		Total. Add lines 2a-2f					5,686,378.			
╈	<u> </u>	Investment income (includ					-,,.,.,.			
	-	other similar amounts)					1,755,252.			1,755,2
	4	Income from investment of					. , -			. ,
	5	Royalties		•		· · · ·				
		-		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	15,172,2	201.	1,470,526.				
	b	Less: cost or other basis		0 705 7		1 004 150				
		and sales expenses		9,795,3						
		Gain or (loss)	7c				5 622 021			5 6 2 2 0
		Net gain or (loss)				▶	5,622,931.			5,622,9
	ъа	Gross income from fundraisi including \$								
'		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from				►				
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activitie	s	····· ►				
1	10 a	Gross sales of inventory,								
		and allowances				188,292,476.				
		Less: cost of goods sold				115,692,270.	72 600 200	72 600 206		
+	С	Net income or (loss) from	sales	s of invento	ry		72,600,206.	72,600,206.		
	44 -	OTHER INCOME				Business Code 900099	1,210,568.			1 210 5
Revenue						300033	1,210,308.			1,210,5
ven	b									
Че	c d	All other revenue								
		Total. Add lines 11a-11d					1,210,568.			
	-	I Jan Auguines I la I lu					141,765,720.			

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DKT INTERNATIONAL, INC.

Page **10** 58-1593137

o not include amounts reported on line. b, 8b, 9b, and 10b of Part VIII.	tains a response or note to any line s 6b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic	c organizations			
and domestic governments. See Part IV	° I			
2 Grants and other assistance to don				
individuals. See Part IV, line 22				
Grants and other assistance to fore	lign			
organizations, foreign governments	, and foreign			
individuals. See Part IV, lines 15 an	d 16			
Benefits paid to or for members				
5 Compensation of current officers, c				
trustees, and key employees	1,377,19	4.	1,304,895.	72,299
6 Compensation not included above to dis	squalified			
persons (as defined under section 4958				
persons described in section 4958(c)(3				
7 Other salaries and wages		4. 40,086,800.	219,387.	640,497
B Pension plan accruals and contributions	·	E 20 270	140 001	
section 401(k) and 403(b) employer cor		,	143,761.	7,710
Other employee benefits			179,539. 111,530.	1,724 24,163
Payroll taxes		2,334,575.	111,550.	24,103
Fees for services (nonemployees):				
a Management	004 50	9. 890,256.	14,343.	
b Legal			385,696.	
c Accounting d Lobbying				
d Lobbyinge Professional fundraising services. See F				
f Investment management fees				
g Other. (If line 11g amount exceeds 10%				
column (A), amount, list line 11g expension		7. 11,978,295.	224,886.	89,106
2 Advertising and promotion		9. 30,684,439.		6,900
3 Office expenses	0 004 00	3. 2,724,984.	76,349.	· · · ·
Information technology		9. 1,462,897.	30,572.	
5 Royalties				
6 Occupancy		7. 6,954,877.	169,270.	
7 Travel	8 055 39	7. 8,028,118.	27,279.	
B Payments of travel or entertainmen	t expenses			
for any federal, state, or local public				
O Conferences, conventions, and me			23,244.	
) Interest		2. 1,227,347.	1,855.	
Payments to affiliates				
2 Depreciation, depletion, and amorti	zation 2,707,74	8. 2,683,561.	24,187.	
Insurance				
Other expenses. Itemize expenses not c above. (List miscellaneous expenses on				
line 24e amount exceeds 10% of line 25	i, column (A),			
amount, list line 24e expenses on Scheo			2 240	
a LICENSES AND TAXES b PROGRAM SUPPORT	6,468,32		3,240.	
	4,102,54	, ,	230,360.	
	739,02	, ,		
u	3,440,99			
e All other expenses		, ,	3,170,393.	842,399
 5 Total functional expenses. Add lines 1 5 Joint costs. Complete this line only if th 	in ough i to , , ,			012,000
reported in column (B) joint costs from				
educational campaign and fundraising s				
Check here Transformed to the following SOP 98-2 (

10

2021.04030 DKT INTERNATIONAL, INC.

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DKT INTERNATIONAL, INC.

	•	Check if Schedule O contains a response or n	ote to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	72,890,201.	1	76,647,668		
2	2	Savings and temporary cash investments	745,524.	2	131,375		
3		Pledges and grants receivable, net	10,322,151.	3	5,755,29		
4		Accounts receivable, net	49,546,694.	4	42,712,53		
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
6	6	Loans and other receivables from other disqua	-				
		under section 4958(f)(1)), and persons describ				6	
ω 7	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use			41,366,225.	8	44,883,50
Ϋ́ς As		Description of the second state of the second			10,734,600.	9	15,587,96
		Land, buildings, and equipment: cost or other	1 1		· · ·	_	· · ·
		basis. Complete Part VI of Schedule D		24,186,020.			
	b	Less: accumulated depreciation		13,340,678.	11,717,920.	10c	10,845,342
11		Investments - publicly traded securities	. ,	11			
12		Investments - other securities. See Part IV, line	109,479,003.	12	127,519,03		
13		Investments - program-related. See Part IV, lin		13	, ,		
14		Intangible assets		14			
15		Other assets. See Part IV, line 11	2,788,236.	15	1,940,74		
16		Total assets. Add lines 1 through 15 (must ed	309,590,554.	16	326,023,47		
17		Accounts payable and accrued expenses	59,508,694.	17	63,907,92		
18				18	, ,		
19		Grants payable Deferred revenue			4,694,679.	19	14,405,38
20		Tax-exempt bond liabilities		_, ,	20		
21		Escrow or custodial account liability. Complet				21	
00		Loans and other payables to any current or fo				21	
iies 22		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
<u>ا ت</u>	2		-	F		22	
23		Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate			14,348,316.	23 24	4,380,82
24				11,010,010,	24	1,000,01	
20	5	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
			es 17-24)	. Complete Part X	46,968.	25	(
26	2	of Schedule D			78,598,657.	25 26	82,694,128
26	0	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			10,000,001.	20	02,054,12
ŝ		and complete lines 27, 28, 32, and 33.	neck ner				
ŭ 37	7	· · · · · · · · · · · · · · · · · · ·			212,826,345.	27	229,525,41
27 <u>ala</u>				····· -	18,165,552.		13,803,93
ස් 28 ප	5	Net assets with donor restrictions			10,103,332.	28	10,000,000
5		Organizations that do not follow FASB ASC	9 56 , che				
<u> </u>	~	and complete lines 29 through 33.	1-				
si 29		Capital stock or trust principal, or current fund				29	
8 30		Paid-in or capital surplus, or land, building, or		Г		30	
Net Assets or Fund Balances 75 15 05 66 87 25		Retained earnings, endowment, accumulated		F	220 001 007	31	242 220 24
		Total net assets or fund balances			230,991,897.	32	243,329,34
33	5	Total liabilities and net assets/fund balances			309,590,554.	33	326,023,475 Form 990 (202

Form 990 (2021)

132011 12-09-21

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1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	Form	990 (2021) DKT INTERNATIONAL, INC.	58-159313	7	Pa	_{ae} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 141,765,720 2 Total expenses (must equal Part IX, column (A), line 25) 2 138,925,710 3 Revenue less expenses. Subtract line 2 from line 1 3 2,840,010 4 Vertice and use of facilities 3 2,840,010 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 230,991,897 5 Net unrealized gains (losses) on investments 6 6 6 Donated services and use of facilities 6 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,240,820 10 243,329,347 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 138,925,710 3 Revenue less expenses. Subtract line 2 from line 1 3 2,840,010 4 230,991,897 5 12,738,260 6 6 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 138,925,710 3 Revenue less expenses. Subtract line 2 from line 1 3 2,840,010 4 230,991,897 5 12,738,260 6 6 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X						
3 Revenue less expenses. Subtract line 2 from line 1 3 2,840,010 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 230,991,897 5 Net unrealized gains (losses) on investments 5 12,738,260 6 6 6 7 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,240,820 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 243,329,347 Yeart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X Vere the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,	765,	720.
3 Revenue less expenses. Subtract line 2 from line 1 3 2,840,010 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 230,991,897 5 Net unrealized gains (losses) on investments 5 12,738,260 6 6 6 7 6 6 7 7 6 8 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,240,820 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 243,329,347 Yeart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X <th>2</th> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td>138,</td> <td>925,</td> <td>710.</td>	2	Total expenses (must equal Part IX, column (A), line 25)	2	138,	925,	710.
5 Net unrealized gains (losses) on investments 5 12,738,260 6 0 6 7 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,240,820 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 243,329,347 Part XII Financial Statements and Reporting 10 243,329,347 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X	3		3	2,	840,	010.
6 Donated services and use of facilities 7 6 7 Investment expenses 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	230,	991,	897.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	5	Net unrealized gains (losses) on investments	5	12,	738,	260.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Accounting method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	6	Donated services and use of facilities	6			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,240,820 9 -3,240,820 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 243,329,347 	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 243,329,347 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	8		8			
column (B)) 10 243,329,347 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,	240,	820.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Colspan="2">Image: Colspan="2" Image:			10	243,	329,	347.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	Par	t XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
in red, break a box below to indicate whether the indicate indicate indicate indicate whether the indicate whether the indicate i		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, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		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		Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?		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 Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

Open to Public

. Inspection

	mopoor	
lover	identification	numbe

Name of the	organization
-------------	--------------

Name	e of t	he organization											
_									58-1593137				
							ee instructions	S.					
The o 1 [2 [3 [4 [rgan	A church, convention of chu A school described in secti A hospital or a cooperative	urches, or associatio i on 170(b)(1)(A)(ii). (/ hospital service orga	n of churches described Attach Schedule E (Form nization described in se	in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).	(iii). Enter	the hospital's name,				
		city, and state:											
5 [6 [7 [8 [9]		section 170(b)(1)(A)(iv). (C A federal, state, or local gov An organization that normal section 170(b)(1)(A)(vi). (C A community trust describe	Complete Part II.) vernment or governm Ily receives a substar omplete Part II.) ed in section 170(b)(nental unit described in an ntial part of its support fr 1)(A)(vi). (Complete Part	section 17 rom a gove t II.)	′0(b)(1)(A) ernmental ((v). unit or from th	e general p	public described in				
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 													
11 [12 [b c	x	An organization that normal activities related to its exem income and unrelated busin See section 509(a)(2). (Cor An organization organized a An organization organized a more publicly supported orga- lines 12a through 12d that of Type I. A supporting orga- the supported organization organization. You must of Type II. A supporting orga- control or management of organization(s). You must Type III functionally inte- its supported organization Type III non-functionally that is not functionally inte-	npt functions, subject mess taxable income mplete Part III.) and operated exclusion ganizations described describes the type of unization operated, su on(s) the power to reg complete Part IV, Se anization supervised if the supporting orgation t complete Part IV, Se grated. A supporting on(s) (see instructions) r integrated. A supp egrated. The organiz	t to certain exceptions; a (less section 511 tax) fro vely to test for public sat vely for the benefit of, to d in section 509(a)(1) of supporting organization upervised, or controlled gularly appoint or elect a ctions A and B. or controlled in connect unization vested in the sat Sections A and C. g organization operated . You must complete F orting organization oper ation generally must sat	and (2) no i m busines fety. See a perform the r section and and comp by its supp majority o cion with its ame person in connect Part IV, Se ated in cor isfy a distri	more than sees acquir fee function 509(a)(2) . bolete lines borted orga f the direct as supported ins that con ion with, a ctions A , nection w bution rec	33 1/3% of its red by the org D9(a)(4). Ins of, or to car See section 5 12e, 12f, and anization(s), ty tors or trustee d organization introl or manage and functionall D, and E. with its support juirement and	s support fr anization a rry out the i09(a)(3). (12g. pically by g es of the su n(s), by hav ge the supp y integrate ted organiz	rom gross investment fter June 30, 1975. purposes of one or Check the box on giving upporting ing ported d with, eation(s)				
		- · ·	,	•									
	Ente Prov	functionally integrated, or or the number of supported or vide the following information	Type III non-function organizations	nally integrated supportin 	ng organiz:	ation.			(vi) Amount of other				
	,			(described on lines 1-10			.,	,					
				above (see instructions))									
Total		Instance is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A forganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community rust described or agnication described in section 170(b)(1)(A)(vi) operated in conjunction with a land-grant college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). Complete Part II.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly support of organized in section 509(a)(2). Complete Part II.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organiza											

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
_	The portion of total contributions						
5	•						
	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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	I	1		1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
	•	,	,			· · · ·	
13	First 5 years. If the Form 990 is for th	-			-		
50	organization, check this box and stor ction C. Computation of Publi						
			•	I			
	Public support percentage for 2021 (I					14	
	Public support percentage from 2020					15	
16a	a 33 1/3% support test - 2021. If the c						_
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the c						-
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			Þl
17a	a 10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		►[
k	o 10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

15281012 153424 0200539-00001

90) 2021 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.)

DKT INTERNATIONAL, INC.

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Schedule	
Part II	Supp

Section A. Public Support

Section A. Public Support

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

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

Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 38,981,452 54,771,608 60,743,190 66,904,626 54,890,385. 276,291,261. 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 145,662,227. 143,193,393. 162,657,141. 167,697,562. 193,978,854. 813,189,177. 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 184,643,679. 197,965,001, 223,400,331. 234,602,188. 248,869,239, 1089480438. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 18,931,854 20,316,303 20,885,618 20,699,973. 12,532,999 93,366,747. 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 18,931,854 20,316,303 20,885,618 20,699,973 12,532,999 93,366 747. 996,113,691. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 184,643,679 197,965,001 223,400,331 234,602,188 248,869,239 1089480438. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3,584,627. 3,345,823 2,499,176. 2,039,587. 1,755,252. 13,224,465. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,584,627. 3,345,823 2,499,176 2,039,587 1,755,252 13,224,465. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 1,041,725. 2,485,315, 942,756 991,836, 1,210,568, 6,672,200. assets (Explain in Part VI.) 1109377103. 189,270,031. 203,796,139. 226,842,263. 237,633,611. 251,835,059. **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 89.79 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 83.43 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 1.19 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 1.41 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2021. 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 - 2020. 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) 2021 132023 01-04-22

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15 2021.04030 DKT INTERNATIONAL, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

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

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

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	(Form 990) 2021		INTERNATIONAL,	INC
Part IV	Supporting Org	anization	S (continued)	

58-1593137 Page **5**

Yes

Yes No

1

2

No

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

Section B. Type I Supporting Organizations

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

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

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			i i
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ſ
	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 examination(a)	1	ł

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

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

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

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

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

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

2a ______ 2b _____ 3a _____ 3b _____

Yes No

Schedule A (Form 990) 2021

15281012 153424 0200539-00001

17

2021.04030 DKT INTERNATIONAL, INC. 02005393

	dule A (Form 990) 2021 DKT INTERNATIONAL, INC.			58-1593137 Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E.	_	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7					
	instructions).				

Schedule A (Form 990) 2021

132026 01-04-22

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e Excess from 2021

Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

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

Schedule A (Form 990) 2021

Section D - Distributions

58-1593137 Page 7

Current Year

1

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

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

2018 AMOUNT: \$ 2	
2010 / MOONI. \$ /	2,485,315.
2019 AMOUNT: \$ 9	942,756.
2020 AMOUNT: \$	991,836.
2021 AMOUNT: \$ 1	1,210,568.
132028 01-04-22	Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

58-1593137

DKT	INTERNATIONAL	INC.

Organization type (chec	rganization 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

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

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

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

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

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

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization	Em	ployer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,921,753	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
2		\$4,611,246	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
3		\$13,492,236	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,000,000	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
5		\$1,418,054	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
6		\$6,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

2021.04030 DKT INTERNATIONAL, INC. 02005393

B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of or	rganization	Emp	loyer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,847,661.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$62,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$4,759,956.	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
		\$175,756.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$45,650.	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
12		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

B (Form 990) (2021)

23 2021.04030 DKT INTERNATIONAL, INC. 02005393

Name of organization			Employer identification number	
DKT INTE	RNATIONAL, INC.		58-1593137	
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13		\$ 20,000	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	
14		\$80,000	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		\$1,857,953	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	
16		\$3,349,256	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	
		\$482,623	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		\$30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)	

Schedule B (Form 990) (2021)

2021.04030 DKT INTERNATIONAL, INC. 02005393

24

15281012 153424 0200539-00001

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization	Emp	oloyer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$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
		\$9,300.	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
		\$20,000.	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		\$1,370,057.	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
23		\$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
24		\$990,557.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.04030 DKT INTERNATIONAL, INC. 02005393

25

Page **2**

	3 (Form 990) (2021)	I_	Page 2
Name of or	ganization	Em	ployer identification number
DKT INTE	RNATIONAL, INC.		58-1593137
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$900,000	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
26		\$150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution 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
28_		\$46,524	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
29_		\$45,000	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
30		\$796,182	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.04030 DKT INTERNATIONAL, INC. 02005393

26

	B (Form 990) (2021)		Page
ame of o	rganization		Employer identification number
KT INTE	RNATIONAL, INC.		58-1593137
Part 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.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	<u> </u>

15281012 153424 0200539-00001

edule B (Form 990) (2021) 27 2021.04030 DKT INTERNATIONAL, INC. 02005393

Schedule I	B (Form 990) (2021)		Page 4				
Name of o	organization		Employer identification number				
DKT INTE	ERNATIONAL, INC.		58-1593137				
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	r less for the year. (Enter this info. once.) 🕨 \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(a) Transfor of gif					
		(e) Transfer of gif	11				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	······································		······································				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
123454 11-11	1-21		Schedule B (Form 990) (2021)				

²⁸ 2021.04030 DKT INTERNATIONAL, INC. 02005393

SCHEDULE D	
(5	

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 **Open to Public** Inspection

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

Nam	e of the organization DKT INTERNATIONAL, INC.		Emp	bloyer identification number 58-1593137
Par	,		or Accour	
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or		-	
	• •	· · · · ·	•	Yes 🗌 No
Par		anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat	ion or education) Preservation c	of a historically	important land area
	Protection of natural habitat	Preservation of	of a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired at			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization	during the tax
	year 🕨			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri-			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation ease	ments during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easement	ts during the year
•				
8	Does each conservation easement reported on line 2(d) above and paction 170(b)(4)(P)(ii)2			Yes No
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio	n assemants in its revenue and expanse		res NC
9	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.	Ste to the organization's infancial statem		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		and balance sh	neet works
	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its finan	, ,		
b	If the organization elected, as permitted under FASB ASC 958			works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			·
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
			•	\$
2	If the organization received or held works of art, historical trea)
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2021

15281012 153424 0200539-00001

29 2021.04030 DKT INTERNATIONAL, INC.

Sche		ATIONAL, INC.						58-159		Pa	age 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	easures, or	r Othe	r Simila	r Assets	(conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	ical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatio	on answered "	'Yes" on	Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	e:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T	Ending balance						. 1 f				1
	Did the organization include an amount on Fe						ity?	····· ∟	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i						10		<u></u>		<u></u>
		(a) Current year	(b) Prior		(c) Two year			years back	(e) Fou	r vears	hack
1a	Beginning of year balance		(6) 1 1101	your	(0) 1110 your	o buok	(4) 11100	youro buon	(0) + 04	Jouro	buon
h	Contributions										
с С	Net investment earnings, gains, and losses										
b b	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
a	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a. co	olumn (a)) held as:						
а	Board designated or quasi-endowment	,	%	x	"						
b	Permanent endowment	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are	e held ar	nd administer	ed for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	ne 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	e
1a	Land			3	,057,432.				3	,057,	432.
b	Buildings				640,929.		404,	685.		236,	244.
с	Leasehold improvements			1	,883,519.		1,189,	262.		694,	257.
d	Equipment			17	,026,858.		10,750,	829.	6	,276,	029.
<u>e</u>	Other			1	,577,282.		995,	902.		581,	380.
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X, column (l	B). line 1	0c.)				10	,845,	342.
					-			Cabadula		- 0001	0004

Schedule D (Form 990) 2021

132052 10-28-21

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	125,869,036.	END-OF-YEAR MARKET VALUE
(B) JOINT VENTURES	1,650,000.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	127,519,036.	

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 2	5.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

X

^{132053 10-28-21}

1 Total revenue, aging, and other support new sudited financial statements	e 12a.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Part XII Reconciliation of Expenses per Audited Financial Sta	tomonto With Expor	
Complete if the organization answered "Yes" on Form 990, Part IV, line	•	ises per Return.
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:		
INCERTAIN TAX POSITIONS UNDER FIN 48		
KT INTERNATIONAL INC. FOLLOWS GUIDANCE THAT CLARIFIES THE AC	COUNTING FOR	
NCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A TAX	
ETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECO	GNITION AND	
· · ·		
RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECO MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN	AN UNCERTAIN	
EASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM	AN UNCERTAIN CIAL	
EASUREMENT. 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.	AN UNCERTAIN CIAL AINED IF THE	
TEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM WAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE SUST. POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASS	AN UNCERTAIN CIAL AINED IF THE ESSMENT OF	
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM	AN UNCERTAIN CIAL AINED IF THE ESSMENT OF HE POSITION,	
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINAN STATEMENTS 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 T	AN UNCERTAIN CIAL AINED IF THE ESSMENT OF HE POSITION, CHALLENGED.	Schedule D (Form 990) 2021

DKT INTERNATIONAL, INC.

Schedule D (Form 990) 2021

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Page 4

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DKT INTERNATIONAL, INC.

Part XIII Supplemental Information (continued)

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

Schedule D (Form 990) 2021

132055 10-28-21

132071 12-20-21

Name of the organization	n		Employer identification number
DKT INTERNATIONAL	, INC.		58-1593137
Part I General	Information on Activities Outside the United States.	Complete if the organ	ization answered "Yes" on
Form 990,	Part IV, line 14b.		

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? YesL
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3	Activities per Region.	(The following Part	l, line 3 table can be du	plicated if additional s	pace is needed.)
---	------------------------	---------------------	---------------------------	--------------------------	------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	17	376	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING FRODUCTS	104,498,783.
EUROPE (INCLUDING ICELAND & GREENLAND)	4	26	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	24,836,792.
MIDDLE EAST AND NORTH AFRICA	4			SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	6,297,132.
NORTH AMERICA	2	147	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	21,536,791.
SOUTH AMERICA	11	127	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	36,078,112.
SOUTH ASIA	7	1295	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	34,310,435.
SUB-SAHARAN AFRICA	15	1054	PROGRAM SERVICES	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	80,381,810.
3 a Subtotal b Total from continuation sheets to Part I	60	3111			307,939,855.
c Totals (add lines 3a and 3b)	60	3111			307,939,855.

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

Schedule F (Form 990) 2021

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SCHEDULE F (Form 990)	Statement of Activities Outside the United State ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 14b, 14b, 14b, 14b, 14b, 14b, 14b,
Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	

vities Outside the United	d
answered "Yes" on Form 990, Part IV, line	e
Attach to Form 990.	

States

14b, 15, or 16.



Γ No

3 Enter total number of other organizations or entities

2

35

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

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

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.

Schedule F (Form 990) 2021

1

DKT INTERNATIONAL, INC.

(b) IBS code section

58-1593137

(f) Manner of

(g) Amount of

(h) Description

(i) Method of

valuation (book, FMV, appraisal, other)

Page 2

Schedule F (Form 990) 2021

s" on Form 990, Part IV, line 16.

nedule F (Form 990) 2021 DI	KT INTERNATIONAL, I	INC.		
rt III Grants and Other Assistanc	e to Individuals Outside	e the United Sta	tes. Complete i	if the organization answered "Yes
Part III can be duplicated if a	dditional space is needed	ł.		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement

Schedule F (Form 990) 2021

(h) Method of valuation (book, FMV, appraisal, other)

58-1593137

(f) Amount of

noncash assistance

(g) Description of noncash assistance

Part	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the o	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corp	poration (see Instructions for Form 926)	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 r	equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S.	. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the o	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cert	tain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund	d (see Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the o	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes	s," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instr	ructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

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) 2021

sc	HEDULE J	Comper	sation Information	I	OMB No.	1545-004	47
(Fo	rm 990)	-	tors, Trustees, Key Employees, and Highest		20	91	
	Complete if the organization answered "Yes" on Form 990 Part IV line 23						
Depa	tment of the Treasury		Attach to Form 990.		Open to		ic
Intern	al Revenue Service		990 for instructions and the latest information.		Inspe		
Nam	ne of the organization			Employer ide		on nui	mber
		DKT INTERNATIONAL, INC.		58-159	3137		
Pa	rt I Question	s Regarding Compensation					
				~~~		Yes	No
1a			y of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any re					
	First-class or c		X Housing allowance or residence for perso				
	X Travel for com	-	Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	spending account	Personal services (such as maid, chauffe	ir, chet)			
	If any of the st	na Banada ana aka sharta dhitit a					
b	•	· •	on follow a written policy regarding payment or			х	
~			above? If "No," complete Part III to explain		1b	Λ	
2			ng or allowing expenses incurred by all directors,			х	
	trustees, and office	rs, including the CEO/Executive Director, I	regarding the items checked on line 1a?		2	~	
2	la dia ata udaia la lifa.						
3			o establish the compensation of the organization's				
			ny boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but e					
	X Compensation		Written employment contract				
		ompensation consultant	Compensation survey or study				
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990 Part VII 9	Section A, line 1a, with respect to the filing				
-	organization or a re		Section A, line 1a, with respect to the himg				
а	-	e payment or change-of-control payment?			4a		x
b		e payment of change-of-control payments				х	<u> </u>
c		eive payment from an equity-based comp					x
C			ensation arrangement? applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizatio	ons must complete lines 5-9				
5			id the organization pay or accrue any compensatio	'n			
5	contingent on the r						
а	•				5a	х	
					5b	Х	
~		or 5b, describe in Part III.					
6			id the organization pay or accrue any compensatio	'n			
-	contingent on the r		gportoario				
а					6a		x
					6b	-	x
-		or 6b, describe in Part III.					
7			id the organization provide any nonfixed payments				
•					7	х	
8			crued pursuant to a contract that was subject to th				
5		ption described in Regulations section 53			8		x
9		id the organization also follow the rebuttal					
-	Regulations section				9		
LHA		eduction Act Notice, see the Instruction		Schedule		n 990	) 2021

132111 11-02-21

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER H. PURDY	(i)	325,271.	256,079.	258.	333,850.	36,056.	951,514.	0.
PRESIDENT & CEO	(ii)	37,059.	3,732.	0.	3,150.	0.	43,941.	٥.
(2) TODD CALLAHAN	(i)	155,333.	128,764.	153,654.	13,300.	21,064.	472,115.	0.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(3) DIMOS SAKELLARIDIS	(i)	126,833.	221,020.	58,470.	12,683.	21,064.	440,070.	٥.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(4) HYAM BOLANDE	(i)	123,667.	131,355.	119,135.	12,367.	21,064.	407,588.	٥.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) JEAN CHRISTOPHE CARRAU	(i)	118,000.	187,341.	47,316.	11,800.	21,064.	385,521.	٥.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(6) JACQUES ANTOINE MARTIN	(i)	142,537.	158,862.	38,276.	9,293.	9,104.	358,072.	٥.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(7) KERI STOCKLAND	(i)	233,409.	30,303.	100.	23,800.	15,244.	302,856.	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)							

Page **2** 

#### 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 2021, CHRISTOPHER H. PURDY, PRESIDENT & CEO, ACCRUED \$300,000 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.

### 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) 2021

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	2021 Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
	DKT INTERNATIONAL, INC.	58-1593137
FORM 990, PART I, I	INE 1, DESCRIPTION OF ORGANIZATION MISSION:	
DKT INTERNATIONAL,	INC. IS A NONPROFIT CORPORATION FOUNDED IN 1984 IN	
THE UNITED STATES H	FOR THE PURPOSE OF DESIGNING AND IMPLEMENTING FAMILY	
PLANNING PROJECTS	IN DEVELOPING COUNTRIES. DKT INTERNATIONAL, INC. AND	
ITS AFFILIATES (COI	LECTIVELY REFERRED TO AS DKT) DIRECT SOCIAL	
MARKETING PROGRAMS	MAINLY IN DEVELOPING COUNTRIES BUT HAVE ALSO	
EXPANDED TO SELL PR	RODUCTS IN DEVELOPED COUNTRIES. DKT IS ONE OF THE	
WORLD'S LARGEST PRO	OVIDERS OF FAMILY PLANNING, HIV/AIDS PREVENTION AND	
SAFE ABORTION PRODU	JCTS AND SERVICES. ALL ACTIVITIES OF DKT ARE FUNDED	
PRIMARILY FROM PROI	DUCT SALES AND FROM GRANTS AND CONTRIBUTIONS.	
DKT IS AN INTERNATI	ONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF	
COLUMBIA, BUT OPERA	ATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES	
AROUND THE WORLD. 1	THESE LEGAL SUBSIDIARIES CONDUCT THE PROGRAMMATIC	
FUNCTION OF DKT, IN	CLUDING THE DISTRIBUTION OF CONTRACEPTION PRODUCTS.	
DKT INTERNATIONAL,	THE U.S. HEADQUARTERS IS THE PRIMARY FUNDING AGENCY	
OF ALL THE SUBSIDIA	ARIES, AND REPORTING JUST THE OPERATIONS OF DKT	
INTERNATIONAL INC.	DOES NOT GIVE THE READER OR THE IRS A FULL PICTURE	
OF THE ACTIVITIES C	OF THE ORGANIZATION. DKT HAS CHOSEN TO REPORT THE	
COMPLETE ACTIVITIES	G OF DKT, INCLUDING THE OPERATIONS OF ITS MANY LEGAL	
SUBSIDIARY CORPORAT	TIONS IN ORDER TO ENHANCE TRANSPARENCY TO THE READER.	
IF REPORTED ON AN U	INCONSOLIDATED BASIS, THE U.S. HEADQUARTERS WOULD	
REPORT REVENUE OF \$	71.77 MILLION, COMPRISED MOSTLY FROM CONTRIBUTIONS	
WITH EXPENSES OF \$6	2.01 MILLION. CONSIDERING THE ACTIVITIES ONLY OF THE	
U.S. ENTITY OF DKT	THE PUBLIC SUPPORT PERCENTAGE CONTINUES TO BE ABOVE	
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021
	43	

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2021.04030 DKT INTERNATIONAL, INC. 02005393

Name of the organization									
DKT INTERNATIONAL, INC.									
THE REQUIRED	MINIMUM	OF	33	1/3%	AS	REQUIRED	BY	IRC	509(A)(2).

FORM 990, PART I, LINE 5:

Schedule O (Form 990) 2021

NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR

THE TOTAL NUMBER OF U.S. CITIZENS RECEIVING FORMS W-2 IS 27 AND THE

TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT U.S. CITIZENS NOT RECEIVING

FORMS W-2 ARE 2,850. THEREFORE, THE TOTAL EMPLOYEES FOR THE

ORGANIZATION WORLDWIDE IS 2,877.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DKT EXECUTES MARKETING AND PROMOTION CAMPAIGNS TO EDUCATE THE PUBLIC

ABOUT THE BENEFITS OF MODERN CONTRACEPTION. TO IMPROVE AVAILABILITY,

DKT BUILDS THE CAPACITY OF MEDICAL PROVIDERS TO DISPENSE THESE PRODUCTS

SAFELY AND COMPETENTLY. IN SEVERAL COUNTRIES, DKT'S SOCIAL FRANCHISES

OFFER CONTRACEPTIVE PRODUCTS AND SERVICES AT SUBSIDIZED RATES IN ORDER

TO DIRECTLY INCREASE ACCESS AND AVAILABILITY. FOUNDED IN 1984, DKT HAS

BEEN A LEADER IN DYNAMIC FAMILY PLANNING PROGRAMMING FOR OVER 30 YEARS.

IN 2021, DKT PROVIDED AND SOLD 901 MILLION CONDOMS, 111 MILLION ORAL

CONTRACEPTIVES, 20 MILLION EMERGENCY CONTRACEPTIVES, 26.5 MILLION

INJECTABLE CONTRACEPTIVES, 4.7 MILLION IUDS, 1.9 MILLION HORMONAL

IMPLANTS, 3.7 MILLION CONTRACEPTIVE SUPPOSITORIES, 5 MILLION MEDICAL

ABORTION COMBINATION PACKS, 25.5 MILLION MISOPROSTOL PILLS, 300,000

MANUAL VACUUM ASPIRATION KITS, 1.3 MILLION CANNULE AND 67,000 TUBAL

LIGATIONS AND VASECTOMIES.

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

PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY,

GHANA, INDIA, MEXICO, EGYPT,

132212 11-11-21

Employer identification number 58–1593137

Name of the organization	Employer identification number 58-1593137
MOZAMBIQUE, VIETNAM, CHINA, CONGO, DEM REP,	
TANZANIA, BURMA, NIGERIA, PAKISTAN,	
BOLIVIA, UGANDA, KENYA, JORDAN,	
SUDAN, INDONESIA, TURKEY, FRANCE,	
LIBERIA, SIERRA LEONE, UNITED KINGDOM, ARGENTINA,	
CHILE, ECUADOR, PARAGUAY, PERU,	
PANAMA, COLOMBIA, AFGHANISTAN, SINGAPORE,	
IRAN, SENEGAL, CAMEROON, COTE D IVOIRE	
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	
132212 11-11-21 <b>4</b> 5	Schedule O (Form 990) 202

15281012 153424 0200539-00001

Schedule O (Form 990) 2021	Page Employor identification number
Name of the organization DKT INTERNATIONAL, INC.	Employer identification numbe 58-1593137
HE BOARD OF DIRECTORS OBTAINS COMPARABILITY STATISTICS FROM ORGANI	ZATIONS
OF SIMILAR SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF	
ESPONSIBILITY. THEY ALSO CONSIDER SUCH FACTORS AS SENIORITY, WHERE	THEY
ARE POSTED AND SPECIAL SKILLS NEEDED FOR THE PARTICULAR POSITION. T	HE BOARD
F DIRECTORS MUST THEN VOTE ON THE LEVELS OF COMPENSATION FOR THE P	RESIDENT
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 DOC	UMENTS
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:	
	499,688.
PRIOR YEAR DEFERRED COMPENSATION ADJUSTMENT 1,	258,868.
TOTAL TO FORM 990, PART XI, LINE 9 -3,	240,820.
132212 11-11-21	Schedule O (Form 990) 203

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

DKT DR CONGO						
AVENUE DU MILITANT NO1/3691-CROIS	SALE AND DISTRIBUTION OF					
BARUMBU, KINSHASA, CONGO (KINSHASA)	FAMILY PLANNING PRODUCTS	CONGO (KINSHASA)	N/A	DKT	Х	
DINK KISTET LETENA (DKT ETHIOPIA)						
P.O. BOX 8744	SALE AND DISTRIBUTION OF					
ADDIS ABABA, ETHIOPIA	FAMILY PLANNING PRODUCTS	ETHIOPIA	N/A	DKT	Х	
DKT INTERNATIONAL INC. GHANA						
HSC327/14MII BONEY ST	SALE AND DISTRIBUTION OF					
DZORWULU, ACCRA, GHANA	FAMILY PLANNING PRODUCTS	GHANA	N/A	DKT	Х	
DKT INTERNATIONAL, INC LIBERIA						
MONTSERRAD BUSHROD ISLAND ACROSS	SALE AND DISTRIBUTION OF					
SAYON TOWN, LIBERIA	FAMILY PLANNING PRODUCTS	LIBERIA	N/A	DKT	Х	

(c)

(d)

(e)

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

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

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.

(a)

DKT INTERNATIONAL, INC.

OMB No. 1545-0047

Employer identification number

58-1593137

(f)

Direct controlling

entity

2021 Open to Public Inspection

(g) Section 512(b)(13)

controlled

entity?

No

Yes

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))
DKT DR CONGO				
AVENUE DU MILITANT NO1/3691-CROIS	SALE AND DISTRIBUTION OF			
BARUMBU, KINSHASA, CONGO (KINSHASA)	FAMILY PLANNING PRODUCTS	CONGO (KINSHASA)	N/A	
DINK KISTET LETENA (DKT ETHIOPIA)				
P.O. BOX 8744	SALE AND DISTRIBUTION OF			
ADDIS ABABA, ETHIOPIA	FAMILY PLANNING PRODUCTS	ETHIOPIA	N/A	
DKT INTERNATIONAL INC. GHANA				
HSC327/14MII BONEY ST	SALE AND DISTRIBUTION OF			
DZORWULU, ACCRA, GHANA	FAMILY PLANNING PRODUCTS	GHANA	N/A	
DKT INTERNATIONAL, INC LIBERIA				
MONTSERRAD BUSHROD ISLAND ACROSS	SALE AND DISTRIBUTION OF			
SAYON TOWN, LIBERIA	FAMILY PLANNING PRODUCTS	LIBERIA	N/A	
For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	47		

(b)

Schedule R (Form 990) 2021

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	<b>g)</b> 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	<u> </u>
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	Х	
YAYASAN DKT INDONESIA							
GRAHA SUCOFINDO LT 12 JALAN RAYA	SALE AND DISTRIBUTION OF						
JAKARTA, INDONESIA	FAMILY PLANNING PRODUCTS	INDONESIA	N/A		DKT	х	
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		DKT	x	
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		DKT	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				1			
50 BROADWAY							
LONDON, UNITED KINGDOM SW1H0BL	FAMILY PLANNING	UNITED KINGDOM	N/A		DKT	x	
FEMHEALTH USA INC - 46-4144274							
1001 CONNECTICUT AVE NW # 80							
WASHINGTON, DC 20036	FAMILY PLANNING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	DKT	x	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	g) 512(b)(13) rolled zation? No
DKT MYANMAR (INTERNATIONAL NON-GOVERNMENTAL						103	
	SALE AND DISTRIBUTION OF						
STREET, WARD (7), YANKIN TOWNSHIP, BURMA	FAMILY PLANNING PRODUCTS	BURMA	N/A		ркт	х	
	4						
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	4						
	4						
	4						

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

<b>(b)</b> Primary activity	(c)	(d)	(e)	(4)	( ~ )	(1	-1	(1)	1 13	
Primary activity			(0)	(f)	(g)	տ	ר)	(i)	(j)	(k)
	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Dispropo	ortionate	Code V-UBI	Genera	or Percentage
	(state or	entity	excluded from tax under	income		alloca	tions?	20 of Schedule	partne	ownership
	country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yesl	lo
OLDING COMPANY	VA	DKT		-1,572.	1,394,655.		х	N/A	x	50.00%
0	LDING COMPANY	(state or foreign country)	(state or foreign country)	(state or foreign country) (state or foreign country) (related, unrelated, excluded from tax under sections 512-514)	(state or foreign country) excluded from tax under sections 512-514) income	(state or foreign country) country (related, unrelated, excluded from tax under sections 512-514) sections 512-514	(state or foreign country) (related, unrelated, excluded from tax under sections 512-514) income end-or-year assets <u>alloca</u> Yes	(state or foreign country) (related, initiated, excluded from tax under sections 512-514) income end-or-year assets <u>allocations?</u> Yes No	(state or foreign country)     entity     (related, excluded from tax under sections 512-514)     income     end-or-year assets     allocations?     allocations?       Yes     No     K-1 (Form 1065)	(state or foreign country)     entity     (related, excluded from tax under sections 512-514)     income     end-of-year assets     allocations?     alloca

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity ι		(c) (d) egal domicile (state or foreign centity (C of		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont	(i) ction b)(13) rolled tity?
		country)		or trust)				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.	235,148.	100%	Х	
DKT BOLVIA IMPORTADORA Y COMERCIALIZADORA DE	SALE AND DISTRIBUTION								
PRODUCTOS DE PLANIFICACION FAM, AVENIDA LAS	OF FAMILY PLANNING								
AMERICAS ESQUINA 7, SAAVEDRA, BOLIVIA	PRODUCTS	BOLIVIA	ОКТ	C CORP	81,797.	520,391.	99.96%	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	11,733,589.	15,660,621.	100%	Х	
SYB SALUD Y BELLEZA INTERNACIONAL S.A.	SALE AND DISTRIBUTION								
RUTA 8 KM 17500 ZONA A	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	2,615,301.	9,655,304.	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	621,612.	3,129,132.	100%	х	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont	(i) ction (b)(13) trolled tity?
		country)		or trust)		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	35,627.	489,014.	100%	X	
DKT ECUADOR S.A.	SALE AND DISTRIBUTION								
AV REPUBLICA DEL SALVADOR 1082 TO	OF FAMILY PLANNING								
QUITO, ECUADOR	PRODUCTS	ECUADOR	DKT	C CORP	62,177.	405,195.	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	8,083.	4,263,057.	100%	x	
DKT PARAGUAY SOCIEDAD ANONIMA	SALE AND DISTRIBUTION								
JUAN DE SALAZAR 657	OF FAMILY PLANNING								
ASUNCION, PARAGUAY	PRODUCTS	PARAGUAY	DKT	C CORP	38,282.	337,831.	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	135,577.	528,433.	100%	x	
DKT URUGUAY S.A.	SALE AND DISTRIBUTION								
CALLE COLONIA 810 APTO 403	OF FAMILY PLANNING								
MONTEVIDEO, URUGUAY	PRODUCTS	URUGUAY	DKT	C CORP	84,818.	415,532.	100%	x	
DKT EGYPT LLC (091)	SALE AND DISTRIBUTION								
17 AL-TAQA ST	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	0.	112,444.	96.00%	x	
DKT LLC (092)	SALE AND DISTRIBUTION								
17 AL-TAQA ST	OF FAMILY PLANNING								
CAIRO, EGYPT	PRODUCTS	EGYPT	DKT	C CORP	1,554,039.	2,485,649.	92.00%	x	
JANANI FAMILY CARE PRIVATE LIMITED	SALE AND DISTRIBUTION								
FLAT-253 PLOT-4 THE SETH VIHAR CG	OF FAMILY PLANNING								
DELHI, INDIA 110078	PRODUCTS	INDIA	DKT	C CORP	7,815.	1,570.	99.00%	x	
DKT HEALTHCARE INDIA PRIVATE LTD	SALE AND DISTRIBUTION								
HEM-DIL 2ND FLOOR 67-A LINKING RD.	OF FAMILY PLANNING								
MUMBAI, INDIA 400054	PRODUCTS	INDIA	DKT	C CORP	3,314,350.	3,784,415.	99.99%	x	
PT DKT INDONESIA	SALE AND DISTRIBUTION								<u> </u>
GRAHA SUCOFINDO LT 12 JL RAYA PA	OF FAMILY PLANNING								
JAKARTA, INDONESIA 12780	PRODUCTS	INDONESI	DKT	C CORP	6,952,004.	12,266,525.	99.00%	x	
PT. DHARMENDRA KUMAR TIYAGI INDONESIA	SALE AND DISTRIBUTION								
TAMAN TEKNO BSD SEKTOR XI G-3 NO2	OF FAMILY PLANNING								
TANGERANG, INDONESIA	PRODUCTS	INDONESI	DKT	C CORP	10,695,980.	15,638,078.	100%	x	

<b>(a)</b> 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)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr	i) b)(13) rolled ity?
		country)						Yes	No
DKT DE MEXICO SA DE CV	SALE AND DISTRIBUTION								
AV MIGUEL ANGEL DE QUEVEDO 696 DE LAS LOMAS	OF FAMILY PLANNING								1
CIUDAD DE MEXICO, MEXICO	PRODUCTS	MEXICO	DKT	C CORP	11,004,520.	10,251,516.	99.99%	X	
DKT MOZAMBIQUE, LIMITADA	SALE AND DISTRIBUTION								
RUA PEREIRA DO LAGO 56 SOMMERSCHEI	OF FAMILY PLANNING								1
MAPUTO, MOZAMBIQUE	PRODUCTS	MOZAMBIQU	локт	C CORP	2,573,183.	2,729,072.	100%	X	
DKT PAKISTAN (PRIVATE) LIMITED	SALE AND DISTRIBUTION								1
SUITE 14 4TH FLOOR KHALID TARA	OF FAMILY PLANNING								1
KARACHI, PAKISTAN	PRODUCTS	PAKISTAN	DKT	C CORP	5,252,565.	7,255,543.	99.99%	х	
ASIA RH SUPPLY PTE. LTD	SALE AND DISTRIBUTION								
30 CECIL STREET 19-08 PRUDENTIAL	OF FAMILY PLANNING								1
SINGAPORE, SINGAPORE 049712	PRODUCTS	SINGAPORE	DKT	C CORP	6,200,731.	5,888,236.	100%	x	1
DKT INTERNATIONAL TANZANIA LIMITED	SALE AND DISTRIBUTION								
PLOT NUMBER 1087 MERERANI ROAD	OF FAMILY PLANNING								1
DAR ES SALAAM, TANZANIA 23471	PRODUCTS	TANZANIA	DKT	C CORP	888,425.	2,411,677.	87.41%	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	527,853.	3,220,617.	99.99%	x	1
DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI	SALE AND DISTRIBUTION								
ITHALAT TICARET LTD. COMPANY, TALATPASA	OF FAMILY PLANNING								1
BULVARI AKGUN, ALSANCAKIZMIR, TURKEY 35/5	PRODUCTS	TURKEY	dkt	C CORP	1,334,331.	1,133,514.	96.06%	x	1
DKT INTERNATIONAL SENEGAL S.U.A.R.L.	SALE AND DISTRIBUTION								
ROUTE DES ALMADIES, LOT 15	OF FAMILY PLANNING								1
DAKAR, SENEGAL	PRODUCTS	SENEGAL	DKT	C CORP	4,926,136.	2,328,086.	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	1,431,674.	964,049.	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							1
ABIDJAN, COTE D'IVOIRE (IVORY COAST)	PRODUCTS	D'IVOIRE	DKT	C CORP	135,237.	929,910.	100%	x	1
GOLDEN CHOICE COMPANY LIMITED	SALE AND DISTRIBUTION					,			
13TH FLOOR ICON4 TOWER 243A DE LA	OF FAMILY PLANNING								ĺ
HANOI, VIETNAM	PRODUCTS	VIETNAM	DKT	C CORP	1,115,986.	1,863,665.	100%	x	1
DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL	SALE AND DISTRIBUTION				, , ,	, , ,			
LTD, BOA HOUSE 5TH FLOOR WESTLANDS, NAIROBI,	OF FAMILY PLANNING								1
KENYA	PRODUCTS	KENYA	DKT	C CORP	1,345,716.	2,621,736.	98.00%	x	1

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr	i) ction b)(13) rolled iity?
		country)				233613		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	762,962.	1,690,847.	100%	X	<u> </u>
WOMANCARE GLOBAL TRADING CIC	SALE AND DISTRIBUTION								
50 BROADWAY	OF FAMILY PLANNING	UNITED							
LONDON, UNITED KINGDOM	PRODUCTS	KINGDOM	DKT	C CORP	4,774,748.	7,927,769.	100%	Х	
WOMANCARE GLOBAL SERVICES	SALE AND DISTRIBUTION								
43 AVENUE DE LA GRANDE-ARMEE	OF FAMILY PLANNING								
PARIS, FRANCE 75116	PRODUCTS	FRANCE	DKT	C CORP	3,483,531.	1,159,242.	100%	Х	
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	Ο.	174,092.	100%	х	
DKT INTERNATIONAL, INC AFGHANISTAN	SALE AND DISTRIBUTION								
SUITE NO. 14, 4TH FLOOR, KHALID TARAKAY MKT.	OF FAMILY PLANNING								
KABUL, AFGHANISTAN	PRODUCTS	AFGHANIST	DKT	C CORP	-25,123.	273,326.	100%	x	
DKT BEIJING INTERNATIONAL TRADE CO LTD	SALE AND DISTRIBUTION								
SHUANG ZI ZUO MANSION, EAST TOWER, 10TH FLOO	ROF FAMILY PLANNING								
JIAN GUO MEN WAI DA STREET YI AREA, CHINA	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	UOF FAMILY PLANNING								
SHANGHAI, CHINA	PRODUCTS	CHINA	DKT	C CORP	298,651.	143,900.	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, MEXICO 04000	PRODUCTS	MEXICO	DKT	C CORP	Ο.	0.	100%	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	14,811,344.	30,303,428.	99.99%	x	
DKT REPRODUCTIVE HEALTH, INC.	SALE AND DISTRIBUTION								
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	ОКТ	C CORP	43,311.	4,258,126.	100%	x	
HEALTHSENSE, INC.	SALE AND DISTRIBUTION								
80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS	OF FAMILY PLANNING								1
QUEZON CITY, PHILIPPINES 1110	PRODUCTS	PHILIPPIN	DKT	C CORP	1,505.	207,894.	100%	x	1
Z DKT SUDAN	SALE AND DISTRIBUTION				, ,	,			
BLOCK 51, 23 STREET	OF FAMILY PLANNING								
OMARAT KHARTOUM, SUDAN	PRODUCTS	SUDAN	DKT	C CORP	0.	27,277.	99.00%	x	1

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage ownership	(i) Secti 512(b) contro entit	ion )(13)
of related organization		foreign country)	entity	Type of entity (C corp, S corp, or trust)	income	end-of-year assets	ownersnip	Yes	
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	335,073.	1,550,161.	100%	x	

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 I	I-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	
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)	1e	X	
Dividends from related organization(s)		x	
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)	-	_	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	
Other transfer of cash or property from related organization(s)	1s	X	

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) DKT DR CONGO	В	12,458,518.	CASH
(2) DINK KISTET LETENA (DKT ETHIOPIA)	в	2,050,162.	
(3) DKT INTERNATIONAL INC. GHANA	в	3,358,675.	
(4) DKT INTERNATIONAL, INC LIBERIA	в	737,980.	
	в	4,452,594.	
(5) DKT INDIA			
(6) JANANI	В	4,450,000.	CASH

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7)DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD	В	1,335,626.	CASH
(8)DKT MOZAMBIQUE, LIMITADA	В	3,357,053.	CASH
(9)DKT INTERNATIONAL INC. MYANMAR BRANCH	В	631,783.	CASH
(10)DEEP K. TYAGI FOUNDATION NIGERIA	В	4,569,063.	CASH
(11)DKT PAKISTAN (PRIVATE) LIMITED	В	3,513,594.	CASH
(12)DKT INTERNATIONAL, INC AFGHANISTAN	В	50,000.	CASH
(13)DKT INTERNATIONAL SENEGAL S.U.A.R.L.	В	3,960,113.	CASH
(14)DKT INTERNATIONAL TANZANIA	В	1,050,000.	CASH
(15)DKT HEALTHCARE INTERNATIONAL UGANDA LTD	В	671,522.	CASH
(16)DKT INTERNATIONAL CAMEROON S.U.A.R.L.	В	1,052,344.	CASH
(17)WOMANCARE GLOBAL TRADING CIC	В	3,588.	CASH
(18)DKT LLC (092)	В	389,384.	CASH
(19)PT. DHARMENDRA KUMAR TIYAGI INDONESIA	В	499,483.	CASH
(20) DINK KISTET LETENA (DKT ETHIOPIA)	F	226,766.	CASH
(21)DKT INTERNATIONAL INC. GHANA	F	49,122.	CASH
(22) DKT INTERNATIONAL INC. MYANMAR BRANCH	F	111,523.	CASH
(23)WOMANCARE GLOBAL TRADING CIC	F	135,290.	САЅН
(24)PT. DHARMENDRA KUMAR TIYAGI INDONESIA	F	2,853,502.	сазн

# 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>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(7) ASIA RH SUPPLY PTE. LTD	F	3,900,620.	сазн
(8) SYB DE MEXICO, S.A DE C.V	F	103,668.	CASH
(9) DKT DO BRASIL PRODUTOS DE USU PESSOAL LTDA.	F	75,452.	сазн
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

### Schedule R (Form 990) 2021 DKT INTERNATIONAL, INC.

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

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

(a)	(b)	(c)	(d)	6		(f)	(g)	1	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs	all	(י) Share of	(9) Share of		nonor-		(J) General (	
of entity	Primary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)	s sec. )(3)	total	end-of-year	tio	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
orentity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	)
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												+
				$\square$								<b>_</b>
		1	1							1		-

Schedule R (Form 990) 2021

# Part VII Supplemental Information

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