

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DKT INTERNATIONAL, INC.		<b>D</b> Employer identification number 58-1593137
	Doing business as		<b>E</b> Telephone number (202) 223-8780
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1001 CONNECTICUT AVENUE, NW Room/suite 800		<b>G</b> Gross receipts \$ 304,638,110.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
<b>F</b> Name and address of principal officer: CHRISTOPHER H. PURDY SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.DKTINTERNATIONAL.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

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

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE AND SAFE OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	24
	<b>6</b> Total number of volunteers (estimate if necessary)	6	0
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	50,844,142.	49,376,287.
	<b>9</b> Program service revenue (Part VIII, line 2g)	7,126,990.	6,801,953.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,027,900.	7,098,620.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,390,768.	98,949,084.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	173,389,800.	162,225,944.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,969,337.	56,163,999.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	662,935.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	96,133,094.	105,748,232.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	153,102,431.	161,912,231.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	20,287,369.	313,713.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 341,855,052.	End of Year 348,229,696.
	<b>21</b> Total liabilities (Part X, line 26)	101,210,662.	109,209,727.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	240,644,390.	239,019,969.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	CHRISTOPHER H. PURDY, PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name MARY TORRETTA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00847851
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619	Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209	Phone no. (703) 847-7500	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE COUPLES WITH AFFORDABLE AND SAFE OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION THROUGH DYNAMIC SOCIAL MARKETING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 156,633,424. including grants of \$ ) (Revenue \$ 104,919,128. ) DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD, SERVING 67.3 MILLION COUPLES IN 2024, AND PREVENTING 26.3 MILLION UNWANTED PREGNANCIES, 18.7 MILLION UNSAFE ABORTIONS AND 43,400 MATERNAL DEATHS.

DKT SOCIALLY MARKETS A RANGE OF CONTRACEPTIVE PRODUCTS INCLUDING CONDOMS, ORAL CONTRACEPTIVE PILLS, AND LONGER LASTING METHODS LIKE IMPLANTS AND INTRA UTERINE DEVICES (IUDS) IN OVER 100 COUNTRIES. DKT IMPROVES THE AVAILABILITY, ACCESSIBILITY, AND AFFORDABILITY OF MODERN CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS BROADLY. (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 156,633,424.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include 2a-24, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16, 17.

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

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

Section A. Governing Body and Management

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KERI STOCKLAND - (202) 223-8780
1001 CONNECTICUT AVENUE, NW, NO. 800, WASHINGTON, DC 20036

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER H. PURDY PRESIDENT/CEO/DIRECTOR	40.00 24.00	X		X				714,212.	41,370.	310,517.
(2) DIMOSTHENIS SAKELLARIDIS PROGRAM MANAGER	40.00 0.00					X		543,198.	0.	34,095.
(3) HYAM BOLANDE PROGRAM MANAGER	28.00 12.00					X		460,367.	0.	33,580.
(4) DANIEL MARUN CHIEF OPERATING OFFICER	40.00 0.00			X				362,981.	0.	66,050.
(5) JEAN CHRISTOPHE CARRAU PROGRAM MANAGER	40.00 0.00					X		388,226.	0.	33,113.
(6) DAWAR WARAICH PROGRAM MANAGER	40.00 0.00					X		380,030.	0.	28,009.
(7) MARIO FLORES PROGRAM MANAGER	40.00 0.00					X		336,490.	0.	31,935.
(8) KERI STOCKLAND CHIEF FINANCIAL OFFICER	40.00 0.00			X				322,700.	0.	45,177.
(9) JULIE STEWART DIRECTOR; CHAIRMAN	0.25 0.00	X						0.	0.	0.
(10) CARLOS GARCIA DIRECTOR	0.25 0.00	X						0.	0.	0.
(11) KAREN PAK OPPENHEIMER DIRECTOR	0.25 0.00	X						0.	0.	0.
(12) MATHEW REEVES DIRECTOR	0.25 0.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	17,584,543.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	31,791,744.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,518,044.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		49,376,287.				
Program Service Revenue	<b>2 a</b>	HEALTH CENTER FEES	<b>Business Code</b>	900099	6,801,953.	6,801,953.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			6,801,953.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			3,165,682.		3,165,682.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
						16,093,355.	931,028.	
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	12,268,542.	822,903.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	3,824,813.	108,125.			
	<b>d</b>	Net gain or (loss) .....			3,932,938.		3,932,938.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>			227,437,896.			
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>	29,320,721.					
<b>c</b>	Net income or (loss) from sales of inventory .....			98,117,175.	98,117,175.			
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>	900099	734,577.		734,577.	
	<b>b</b>	ADMINISTRATION FEES		900099	97,332.		97,332.	
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			831,909.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			162,225,944.	104,919,128.	0.	7,930,529.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,817,931.		1,764,436.	53,495.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	44,086,187.	43,085,760.	582,898.	417,529.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	794,570.	593,863.	185,062.	15,645.
<b>9</b> Other employee benefits .....	6,302,972.	6,099,322.	175,149.	28,501.
<b>10</b> Payroll taxes .....	3,162,339.	3,037,206.	109,251.	15,882.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,355,239.	1,323,513.	31,726.	
<b>c</b> Accounting .....	1,722,053.	966,236.	755,817.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	13,200.	13,200.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	15,915,436.	15,508,714.	274,839.	131,883.
<b>12</b> Advertising and promotion .....	39,099,097.	39,099,097.		
<b>13</b> Office expenses .....	2,867,169.	2,717,345.	149,824.	
<b>14</b> Information technology .....	1,544,939.	1,523,556.	21,383.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	9,870,751.	9,656,878.	213,873.	
<b>17</b> Travel .....	10,463,917.	10,306,549.	157,368.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,767,615.	4,638,401.	129,214.	
<b>20</b> Interest .....	1,092,423.	1,092,423.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,642,803.	1,628,377.	14,426.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> LICENSES AND TAXES	6,278,424.	6,277,839.	585.	
<b>b</b> PROGRAM SUPPORT	3,689,369.	3,639,348.	50,021.	
<b>c</b> BAD DEBT	2,708,640.	2,708,640.		
<b>d</b> REPAIRS AND MAINTENANCE	484,939.	484,939.		
<b>e</b> All other expenses	2,232,218.	2,232,218.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	161,912,231.	156,633,424.	4,615,872.	662,935.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	69,140,217.	<b>1</b>	64,724,673.
	<b>2</b> Savings and temporary cash investments .....	3,758,294.	<b>2</b>	1,756,705.
	<b>3</b> Pledges and grants receivable, net .....	4,381,952.	<b>3</b>	2,296,632.
	<b>4</b> Accounts receivable, net .....	49,340,417.	<b>4</b>	52,086,042.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	67,728,270.	<b>8</b>	63,932,609.
	<b>9</b> Prepaid expenses and deferred charges .....	14,350,548.	<b>9</b>	19,033,230.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,243,241.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,824,130.		
	<b>11</b> Investments - publicly traded securities .....	7,404,982.	<b>10c</b>	9,419,111.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	111,848,184.	<b>11</b>	123,640,600.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,683,921.	<b>12</b>	2,775,389.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,218,267.	<b>14</b>	8,564,705.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	341,855,052.	<b>15</b>	348,229,696.	
<b>17</b> Accounts payable and accrued expenses .....	88,580,317.	<b>16</b>	87,721,637.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	7,264,866.	<b>18</b>	11,631,067.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	5,193,129.	<b>23</b>	8,835,030.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	172,350.	<b>24</b>	1,021,993.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	101,210,662.	<b>25</b>	109,209,727.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	228,461,661.	<b>26</b>	230,996,528.
	<b>28</b> Net assets with donor restrictions .....	12,182,729.	<b>27</b>	8,023,441.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	240,644,390.	<b>31</b>	239,019,969.
<b>33</b> Total liabilities and net assets/fund balances .....	341,855,052.	<b>32</b>	348,229,696.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	162,225,944.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	161,912,231.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	313,713.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	240,644,390.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,195,226.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-14,133,360.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	239,019,969.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2024)



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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	66,904,626.	54,890,385.	46,775,719.	50,844,142.	49,376,287.	268,791,159.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	167,697,562.	193,978,854.	219,995,329.	236,236,353.	234,239,849.	1052147947.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	234,602,188.	248,869,239.	266,771,048.	287,080,495.	283,616,136.	1320939106.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	35,345,874.	25,711,009.	20,550,165.	22,046,817.	25,173,185.	128,827,050.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	35,345,874.	25,711,009.	20,550,165.	22,046,817.	25,173,185.	128,827,050.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1192112056.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....	234,602,188.	248,869,239.	266,771,048.	287,080,495.	283,616,136.	1320939106.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,039,587.	1,755,252.	2,153,151.	2,585,671.	3,165,682.	11,699,343.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	2,039,587.	1,755,252.	2,153,151.	2,585,671.	3,165,682.	11,699,343.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	991,836.	1,210,568.	1,328,311.	412,178.	831,909.	4,774,802.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	237,633,611.	251,835,059.	270,252,510.	290,078,344.	287,613,727.	1337413251.

**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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	89.14 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	92.83 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.87 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	.99 %

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

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

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

Schedule A (Form 990) 2024

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

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

OTHER INCOME

2020 AMOUNT: \$ 991,836.

2021 AMOUNT: \$ 1,210,568.

2022 AMOUNT: \$ 1,328,311.

2023 AMOUNT: \$ 412,178.

2024 AMOUNT: \$ 831,909.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 ..... \$ \_\_\_\_\_

**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).

Name of organization  DKT INTERNATIONAL, INC.	Employer identification number  58-1593137
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 7,539,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 6,912,596.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 5,882,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 4,717,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  DKT INTERNATIONAL, INC.	Employer identification number  58-1593137
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 3,064,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ 3,008,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ 1,823,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ 1,342,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  DKT INTERNATIONAL, INC.	Employer identification number  58-1593137
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES - PUBLICLY TRADED STOCK _____ _____ _____	\$ 4,518,044.	01/31/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  DKT INTERNATIONAL, INC.	Employer identification number  58-1593137
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,283,348.		3,283,348.
b Buildings		338,342.	222,752.	115,590.
c Leasehold improvements		3,195,159.	2,103,574.	1,091,585.
d Equipment		12,325,337.	8,114,546.	4,210,791.
e Other		2,101,055.	1,383,258.	717,797.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,419,111.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTRACT LIABILITIES	1,021,993.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,021,993.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d .....		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d .....		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1 .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information**

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS UNDER FIN 48

DKT INTERNATIONAL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	3	0	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	1,100,805.
EAST ASIA AND THE PACIFIC	16	451	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	123,130,538.
EUROPE (INCLUDING ICELAND & GREENLAND)	4	32	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	13,030,291.
MIDDLE EAST AND NORTH AFRICA	4	72	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	5,846,641.
NORTH AMERICA	4	231	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	35,547,796.
SOUTH AMERICA	12	112	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	34,623,387.
SOUTH ASIA	6	1192	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	29,439,070.
SUB-SAHARAN AFRICA	18	980	SALES AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PROGRAM SERVICES	74,562,993.
<b>3 a</b> Subtotal .....	67	3070			317,281,521.
<b>b</b> Total from continuation sheets to Part I .....	0	0			72,175,029.
<b>c</b> Totals (add lines 3a and 3b) .....	67	3070			389,456,550.

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

Schedule F (Form 990) (Rev. 12-2024)

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENT IN AFFILIATES		24,842,625.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENT IN AFFILIATES		4,425,410.
MIDDLE EAST AND NORTH AFRICA			INVESTMENT IN AFFILIATES		-1,953,832.
NORTH AMERICA			INVESTMENT IN AFFILIATES		836,970.
SOUTH AMERICA			INVESTMENT IN AFFILIATES		1,595,876.
SOUTH ASIA			INVESTMENT IN AFFILIATES		9,005,690.
SUB-SAHARAN AFRICA			INVESTMENT IN AFFILIATES		33,422,290.
<b>Totals</b> .....					72,175,029.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient 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 .....

3 Enter total number of other organizations or entities .....



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) (Rev. 12-2024)

**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

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR FOREIGN EXPENDITURES.

DKT IS AN INTERNATIONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF COLUMBIA, BUT OPERATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES AROUND THE WORLD. THE EXPENDITURES ON SCHEDULE F ARE REPORTED BASED ON FOREIGN ACTIVITY PRIOR TO INTERCOMPANY ELIMINATIONS. THUS, THE EXPENDITURES ARE GREATER THAN THAT PRESENTED ON PART IX OF FORM 990. SIMILARLY, THE BALANCE OF INVESTMENTS IN FOREIGN SUBSIDIARIES IS ELIMINATED ON PART X OF FORM 990, BUT DKT HAS REPORTED THE BALANCE ON SCHEDULE F IN ORDER TO ENHANCE TRANSPARENCY OF FOREIGN ACTIVITIES TO THE READER.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>DKT INTERNATIONAL, INC.</b>	Employer identification number <b>58-1593137</b>
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>	X	
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER H. PURDY PRESIDENT/CEO/DIRECTOR	(i)	158,269.	83,471.	472,472.	261,515.	45,296.	1,021,023.	322,683.
	(ii)	37,059.	4,311.	0.	3,706.	0.	45,076.	0.
(2) DIMOSTHENIS SAKELLARIDIS PROGRAM MANAGER	(i)	140,333.	340,661.	62,204.	14,033.	20,062.	577,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HYAM BOLANDE PROGRAM MANAGER	(i)	135,167.	251,059.	74,141.	13,517.	20,063.	493,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL MARUN CHIEF OPERATING OFFICER	(i)	192,628.	167,813.	2,540.	12,060.	53,990.	429,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEAN CHRISTOPHE CARRAU PROGRAM MANAGER	(i)	130,500.	127,666.	130,060.	13,050.	20,063.	421,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAWAR WARAICH PROGRAM MANAGER	(i)	123,000.	184,634.	72,396.	12,300.	15,709.	408,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIO FLORES PROGRAM MANAGER	(i)	119,167.	133,516.	83,807.	11,917.	20,018.	368,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KERI STOCKLAND CHIEF FINANCIAL OFFICER	(i)	279,695.	42,916.	89.	28,595.	16,582.	367,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1B:

HOME LEAVE IS IN ADDITION TO ANNUAL LEAVE, AND IS ALLOWED AFTER 24 MONTHS (2 YEARS) OF EMPLOYMENT AND EACH TWO YEARS THEREAFTER FOR ELIGIBLE INTERNATIONAL EMPLOYEES ONLY. THOSE EMPLOYEES WHO SERVE IN THE COUNTRY OF WHICH THEY ARE CITIZENS ARE NOT ENTITLED TO HOME LEAVE. EVERY TWO YEARS DKT WILL PROVIDE ROUNDTRIP COACH AIRFARE FOR THE EMPLOYEE AND MEMBERS OF HIS/HER IMMEDIATE FAMILY TO THE HOME LEAVE DESTINATION OF THE EMPLOYEE'S CHOICE. DKT GROSSES UP THE EMPLOYEES' PAYROLL TAXES PAID ON RELOCATION EXPENSES. DKT ALSO PROVIDES HOUSING ALLOWANCE FOR SOME OVERSEAS EMPLOYEES.

PART I, LINE 4B:

CHRISTOPHER H. PURDY, PRESIDENT & CEO, PARTICIPATES IN A SUPPLEMENTAL, NONQUALIFIED 457(F) RETIREMENT PLAN. IN 2024, HE VESTED A PAYOUT OF \$472,215 BASED ON \$322,683 OF PRIOR YEAR CONTRIBUTIONS THAT WAS PREVIOUSLY REPORTED ON FORM 990. CHRISTOPHER PURDY ALSO ACCRUED \$231,015 FROM HIS PARTICIPATION IN THE PLAN AS REPORTED IN SCHEDULE J, COLUMN (C).

PART I, LINES 5 AND 7:

THE ORGANIZATION SET SALES, FUNDRAISING, CYP (OUR MAIN KPI), AND REMITTANCE TARGETS FOR CERTAIN EMPLOYEES AND ORGANIZATIONALLY. IF THOSE TARGETS ARE MET, THE CEO HAS THE DISCRETION TO AWARD CASH COLLECTIONS, FUNDRAISING, CYP, AND REMITTANCE BONUSES TO THOSE ELIGIBLE EMPLOYEES. THE BOARD EVALUATES THESE BONUS PAYMENTS AS PART OF ITS PROCEDURES IN DETERMINING REASONABLE COMPENSATION FOR THE CEO.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

**Part I Types of Property**

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

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT PROVIDED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization DKT INTERNATIONAL, INC.	Employer identification number 58-1593137
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DKT INTERNATIONAL, INC. IS A NONPROFIT CORPORATION FOUNDED IN 1984 IN THE UNITED STATES FOR THE PURPOSE OF DESIGNING AND IMPLEMENTING FAMILY PLANNING PROJECTS IN DEVELOPING COUNTRIES. DKT INTERNATIONAL, INC. AND ITS AFFILIATES (COLLECTIVELY REFERRED TO AS DKT) DIRECT SOCIAL MARKETING PROGRAMS MAINLY IN DEVELOPING COUNTRIES BUT HAVE ALSO EXPANDED TO SELL PRODUCTS IN DEVELOPED COUNTRIES. DKT IS ONE OF THE WORLD'S LARGEST PROVIDERS OF FAMILY PLANNING, HIV/AIDS PREVENTION AND SAFE ABORTION PRODUCTS AND SERVICES. ALL ACTIVITIES OF DKT ARE FUNDED PRIMARILY FROM PRODUCT SALES AND FROM GRANTS AND CONTRIBUTIONS.

DKT IS AN INTERNATIONAL CHARITY THAT IS HEADQUARTERED IN DISTRICT OF COLUMBIA, BUT OPERATES THROUGH ITS LEGAL SUBSIDIARIES IN COUNTRIES AROUND THE WORLD. THESE LEGAL SUBSIDIARIES CONDUCT THE PROGRAMMATIC FUNCTION OF DKT, INCLUDING THE DISTRIBUTION OF CONTRACEPTION PRODUCTS. DKT INTERNATIONAL, THE U.S. HEADQUARTERS IS THE PRIMARY FUNDING AGENCY OF ALL THE SUBSIDIARIES, AND REPORTING JUST THE OPERATIONS OF DKT INTERNATIONAL INC. DOES NOT GIVE THE READER OR THE IRS A FULL PICTURE OF THE ACTIVITIES OF THE ORGANIZATION. DKT HAS CHOSEN TO REPORT THE COMPLETE ACTIVITIES OF DKT, INCLUDING THE OPERATIONS OF ITS MANY LEGAL SUBSIDIARY CORPORATIONS IN ORDER TO ENHANCE TRANSPARENCY TO THE READER.

IF REPORTED ON AN UNCONSOLIDATED BASIS, THE U.S. HEADQUARTERS WOULD REPORT REVENUE OF \$56.6 MILLION, COMPRISED MOSTLY FROM CONTRIBUTIONS WITH EXPENSES OF \$50.7 MILLION. CONSIDERING THE ACTIVITIES ONLY OF THE U.S. ENTITY OF DKT, THE PUBLIC SUPPORT PERCENTAGE CONTINUES TO BE ABOVE THE REQUIRED MINIMUM OF 33 1/3% AS REQUIRED BY IRC 509(A)(2).

FORM 990, PART I, LINE 5:

NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR  
THE TOTAL NUMBER OF U.S. CITIZENS RECEIVING FORMS W-2 IS 24 AND THE TOTAL EMPLOYEES WORLDWIDE THAT ARE NOT U.S. CITIZENS NOT RECEIVING FORMS W-2 ARE 3,070. THEREFORE, THE TOTAL EMPLOYEES FOR THE ORGANIZATION WORLDWIDE IS 3,094.

FORM 990, PART 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 2024, DKT PROVIDED AND SOLD 926.1 MILLION CONDOMS, 132.4 MILLION ORAL CONTRACEPTIVES, 29.5 MILLION EMERGENCY CONTRACEPTIVES, 44.9 MILLION INJECTABLE CONTRACEPTIVES, 6.0 MILLION IUDS, 2.1 MILLION HORMONAL IMPLANTS, 714,700 CONTRACEPTIVE SUPPOSITORIES, 5.4 MILLION MEDICAL ABORTION COMBINATION PACKS, 34.7 MILLION MISOPROSTOL PILLS, 282,600 MANUAL VACUUM ASPIRATION KITS, 1.6 MILLION CANNULE, 10.5 MILLION LUBRICANTS AND 62,600 TUBAL LIGATIONS AND VASECTOMIES.

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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization DKT INTERNATIONAL, INC. PHILIPPINES, BRAZIL, ETHIOPIA, URUGUAY, GHANA, INDIA, MEXICO, EGYPT, 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, GUATEMALA, VENEZUELA, CONGO (BRAZZAVILLE), BURUNDI	Employer identification number 58-1593137
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FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

THE PRESIDENT, CFO, AND MEMBERS OF THE AUDIT/FINANCE COMMITTEE REVIEW THE FEDERAL FORM 990 AGAINST THE AUDITED FINANCIAL STATEMENTS TO ENSURE ACCURACY AND AGREEMENT BETWEEN THE TWO DOCUMENTS. THE PRESIDENT AND/OR CFO POSE QUESTIONS TO THE TAX PREPARER FOR CLARIFICATION AFTER THE REVIEW BY THE FINANCE/AUDIT COMMITTEE IF NECESSARY. THE FULL BOARD OF DIRECTORS REVIEWS FEDERAL FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

BOARD MEMBERS ARE REQUIRED TO COMPLETE THE FORM INITIALLY AND THEN REVIEW AND REVISE PERIODICALLY AS RELEVANT CHANGES MAY BE INDICATED BY BOARD MEMBERS. A DECISION IS MADE TO DETERMINE WHETHER THE MEMBER MUST ABSTAIN IN VOTING ON ANY MATTERS WHERE THE CONFLICT MAY BE AN ISSUE. ANY EMPLOYEE, WHO BELIEVES HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH DKT, SHALL NOTIFY HR IN WRITING. IF SAID EMPLOYEE IS THE PRESIDENT, HE SHALL NOTIFY THE BOARD OF DIRECTORS IN WRITING. HR AND PRESIDENT SHALL ANALYZE SUCH POSSIBLE CONFLICT AND IF A CONFLICT IS FOUND TO EXIST, THE PROPOSED TRANSACTION SHALL NOT PROCEED WITHOUT A CAREFUL ANALYSIS OF ALTERNATIVES NOT PRESENTING A CONFLICT.

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

PROCESS OF DETERMINING COMPENSATION

THE BOARD OF DIRECTORS HAS IN THE PAST OBTAINED COMPARABILITY STATISTICS FROM ORGANIZATIONS OF SIMILAR SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF RESPONSIBILITY. THEY CONSIDER FACTORS INCLUDING PRIOR EXPERIENCE, SECTOR KNOWLEDGE, SENIORITY, AND SPECIAL SKILLS NEEDED FOR THE PARTICULAR POSITION. DKT HAS A COMPENSATION COMMITTEE COMPRISED OF TWO (2) INDEPENDENT DIRECTORS WHO DETERMINE THE LEVEL OF COMPENSATION OF THE CEO. THERE WERE NO CHANGES IN THE SALARY STRUCTURE OF THE CEO DURING THE YEAR BEYOND A SALARY INCREASE.

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

AVAILABILITY OF ORGANIZATIONAL DOCUMENTS

FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION GAIN (LOSS)	-14,743,881.
REVERSAL OF PRIOR YEAR PROVISIONS FOR BAD DEBT	610,521.
TOTAL TO FORM 990, PART XI, LINE 9	-14,133,360.



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <p align="center">DKT INTERNATIONAL, INC.</p>	Employer identification number <p align="center">58-1593137</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WOMANCARE GLOBAL, LLC - 93-1878347 1640 ROANOKE BLVD. SALEM, VA 24153	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VIRGINIA	6,751,586.	10,357,405.	DKT

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

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

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

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

**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DKT INTERNATIONAL, INC. SIERRA LEONE 13B MADONGO TOWN, OFFMOTOR ROAD, CONGO CROSS FREETOWN, SIERRA LEONE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SIERRA LEONE	N/A		DKT	X	
JANANI B-1/ 46 SAFDARJUNG ENCLAVE DELHI, INDIA 110029	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	
DKT INDIA HEM-DIL, 67 A LINKING ROAD, OPP. ST. LAWRENC MUMBAI, INDIA 400054	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	
YAYASAN DKT INDONESIA RDTX PLACE 10TH FLOOR J1 PROF DR SATRIO KAV JAKARTA, INDONESIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	N/A		DKT	X	
DKT INTERNATIONAL INC. MYANMAR BRANCH NO. 10 B/1, THUKAHWADDI ROAD, WARD 6 YANKIN TOWNSHIP, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	N/A		DKT	X	
DEEP K. TYAGI FOUNDATION NIGERIA 2 IWAYA ROAD ONIKE YABA LAGOS, NIGERIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	NIGERIA	N/A		DKT	X	
DKT INTERNATIONAL, INC. - REGIONAL OPERATING HEADQUARTERS, 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS, QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		DKT	X	
DKT PHILIPPINES FOUNDATION, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	N/A		DKT	X	
DKT INTERNATIONAL TANZANIA PLOT NO. 372, OYSTER PEARL GALLERIA, CHOLE R 2ND FL, UNIT 210, PO BOX 23471, OYSTERBAY, REPRESENTATIVE OFFICE OF DKT INTERNATIONAL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TANZANIA	N/A		DKT	X	
INC, IN HANOI, 13TH FLOOR ICON4 TOWER 243A DE LA THANH STREET, HANOI, VIETNAM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VIETNAM	N/A		DKT	X	
DKT INTERNATIONAL FOUNDATION UK ONE BARTHOLOMEW CLOSE LONDON, UNITED KINGDOM EC1A 7BL	FAMILY PLANNING	UNITED KINGDOM	N/A		DKT	X	
FEMHEALTH USA INC - 46-4144274 1001 CONNECTICUT AVE NW, SUITE 805 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DKT MYANMAR (INTERNATIONAL NON-GOVERNMENTAL ORGANIZATION), NO. 10 B/1, THUKAHWADDI ROAD, WARD 6, YANKIN TOWNSHIP, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	N/A		DKT	X	
EME DE MUJER, AC ANILLO DE CIRCUNVALACION 127 FLOOR 3 COL ATL MEXICO CITY, MEXICO 04370	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MEXICO	N/A		DKT	X	
TELEFEM, AC ANILLO DE CIRCUNVALACION 127 FLOOR 1 COL ATL MEXICO CITY, MEXICO 04370	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MEXICO	N/A		DKT	X	
ASOCIACION DECIDE Y PLANIFIKT AVENIDA FERROCARRIL 19-97 ZONA 12 EMPRESARIA GUATEMALA, GUATEMALA 610	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GUATEMALA	N/A		DKT	X	
DKT INTERNATIONAL COTE D'IVOIRE ONG ANGRE 8IME TRANCHE, LOT 710, ILOT 45 ABIDJAN, COTE D'IVOIRE (IVORY COAST)	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	COTE D'IVOIRE (IVORY COAST)	N/A		DKT	X	
DKT BURUNDI 20 AVENUE MAKAMBA Q.ROHERO I COMMUNE : MAKUZU BUJUMBURA MAIRIE, BURUNDI	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURUNDI	N/A		DKT	X	
DKT CONGO BRAZZAVILLE 1527 RUE LEKOU MOU , PLATEAU DES 15 ANS BRAZZAVILLE, CONGO (BRAZZAVILLE)	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CONGO (BRAZZAVILLE)	N/A		DKT	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PHP HOLDINGS, LLC - 83-2555978, 1640 ROANOKE BLVD, SALEM, VA 24153	HOLDING COMPANY	VA	DKT	RELATED	-3,998.	2,104,526.		X	N/A	X		50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT ARGENTINA S.A. AV. SANTA FE 900 - PISO 4 BUENOS AIRES, ARGENTINA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ARGENTINA	DKT	C CORP	52,238.	220,149.	100%	X	
DKT BOLIVIA IMPORTADORA Y COMERCIALIZADORA DE, AV. SAN MARTIN, PISO 19, SANTA CRUZ DE LA SIERRA, SANTA CRUZ, BOLIVIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BOLIVIA	DKT	C CORP	166,692.	852,751.	99.99%	X	
DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA. AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO, BRAZIL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BRAZIL	DKT	C CORP	8,824,092.	22,672,207.	100%	X	
SYB SALUD Y BELLEZA INTERNACIONAL S.A. RUTA 8 KM 17.500 - ZONA AMERICA MONTEVIDEO, URUGUAY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	URUGUAY	DKT	C CORP	1,532,489.	10,803,514.	100%	X	
DKT CHILE SAP EL GOLF 150 FLOOR 4 LOS CONDES SANTIAGO, CHILE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CHILE	DKT	C CORP	412,356.	2,540,786.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT COLOMBIA S.A.S. CL 70 A NR 4-41 BOGOTA, COLOMBIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	COLOMBIA	DKT	C CORP	8,104.	637,523.	100%	X	
DKT ECUADOR S.A. AV REPUBLICA DEL SALVADOR 1082 QUITO, ECUADOR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ECUADOR	DKT	C CORP	135,681.	390,585.	100%	X	
DKT SOUTH AMERICA HOLDING INC. AVE PASEO DEL MAR COSTA DEL ESTE PANAMA CITY, PANAMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PANAMA	DKT	C CORP	0.	9,099,892.	100%	X	
DKT PARAGUAY SOCIEDAD ANONIMA JUAN DE SALAZAR 657 E/ PROF. RAMIREZ ASUNCION, PARAGUAY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PARAGUAY	DKT	C CORP	67,477.	474,227.	100%	X	
DKT PERU S.A.C. JR. MARISCAL DE LAS HERAS, N 687, LINCE LIMA, PERU	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PERU	DKT	C CORP	124,536.	600,996.	100%	X	
DKT URUGUAY S.A. CALLE COLONIA 810 APTO 403 MONTEVIDEO, URUGUAY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	URUGUAY	DKT	C CORP	150,219.	750,777.	100%	X	
DKT EGYPT LLC (091) 17 EL-TAKA STREET, 8TH FLOOR,NASR CITY CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	0.	34,745.	96.00%	X	
DKT LLC (092) 17 EL-TAKA STREET, 8TH FLOOR,NASR CITY CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	830,965.	1,782,346.	92.00%	X	
DKT HEALTHCARE INDIA PRIVATE LTD HEM-DIL, 67 A LINKING ROAD, OPP. ST. LAWRENCE MUMBAI, INDIA 400054	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	DKT	C CORP	3,695,440.	2,603,150.	100%	X	
PT DKT INTERNATIONAL RDTX PLACE, 10 TH FLOOR, JL. PROF. DR. SATRIKO JAKARTA, INDONESIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	DKT	C CORP	8,920,969.	14,651,289.	99.00%	X	
PT. DHARMENDRA KUMAR TIYAGI INDONESIA RDTX PLACE, 10 TH FLOOR, JL. PROF. DR. SATRIKO JAKARTA, INDONESIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	DKT	C CORP	17,407,040.	21,117,195.	99.99%	X	
DKT DE MEXICO SA DE CV ANILLO DE CIRCUNVALACION 127 FLOOR 3 COL ATLAS MEXICO CITY, MEXICO 4370	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MEXICO	DKT	C CORP	23,671,737.	20,654,088.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT MOZAMBIQUE, LIMITADA AVENIDA CAHORA BASSA, 26, SOMMERSCHEILD MAPUTO, MOZAMBIQUE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MOZAMBIQUE	DKT	C CORP	2,127,716.	2,823,186.	100%	X	
DKT PAKISTAN (PRIVATE) LIMITED PLOT # 34-C, KHALID COMMERCIAL STREET NO. 1, KARACHI, PAKISTAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PAKISTAN	DKT	C CORP	5,185,480.	4,573,420.	100%	X	
ASIA RH SUPPLY PTE . LTD 30 CECIL STREET #19-08 PRUDENTIAL TOWER SINGAPORE, SINGAPORE 049712	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SINGAPORE	DKT	C CORP	5,278,175.	7,424,308.	100%	X	
DKT INTERNATIONAL TANZANIA LIMITED PLOT NO. 372, OYSTER PEARL GALLERIA, CHOLE RD 2ND FL, UNIT 210, PO BOX 23471, OYSTERBAY,	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TANZANIA	DKT	C CORP	0.	23,820.	99.99%	X	
DKT INTERNATIONAL SEGAL COMPANY (PRIVATE JOINT STOCKS), BARAN TOWER, UNIT 11, NO.122, HAGHATALAB STREET, (WEST 26TH), SAADATABAD	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IRAN	DKT	C CORP	0.	710,818.	99.99%	X	
DKT INTERNATIONAL ISTANBUL SAGLIK URUNLERI ITHALAT TICARET LIMITED SIRKETI, MANSUROGLU MAHALLESI 1583/1, IZMIR, TURKEY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TURKEY	DKT	C CORP	934,254.	2,573,583.	97.48%	X	
DKT INTERNATIONAL SENEGAL S.U.A.R.L. ALMADIES ZONE 10 PARCELLES N22 BP DAKAR, SENEGAL 24487	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SENEGAL	DKT	C CORP	4,366,112.	3,030,499.	100%	X	
DKT INTERNATIONAL CAMEROON S.U.A.R.L. BONAMOUSSADI OPPOSITE QUIFEUROU SABLE DOUALA, CAMEROON 24169	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CAMEROON	DKT	C CORP	1,537,865.	1,326,026.	100%	X	
DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L. ABIDJAN COCODY II PLATEAUX, LOT 69, ILOT 07 ABIDJAN, COTE D'IVOIRE (IVORY COAST)	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	COTE D'IVOIRE	DKT	C CORP	2,209,595.	1,132,879.	100%	X	
GOLDEN CHOICE COMPANY LIMITED FL 11, UNIT 11.02, MB SUNNY TOWER, 259 TRAN H CO GIANG WARD, DISTRICT 1, VIETNAM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VIETNAM	DKT	C CORP	1,623,696.	3,278,145.	100%	X	
DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD, BOA HOUSE 5TH FLOOR WESTLANDS, NAIROBI, KENYA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	KENYA	DKT	C CORP	2,497,592.	3,728,511.	100%	X	
DKT HEALTHCARE INTERNATIONAL UGANDA LTD 14-18 COOPER ROAD 4TH FLOOR ACACIA MALL KAMPALA, UGANDA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UGANDA	DKT	C CORP	2,155,116.	2,774,688.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WOMANCARE GLOBAL TRADING CIC ONE BARTHOLOMEW CLOSE LONDON, UNITED KINGDOM EC1A 7BL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UNITED KINGDOM	DKT	C CORP	3,846,050.	1,892,502.	100%	X	
DKT WOMANCARE GLOBAL SERVICES 1-3 RUE DE PENTHIEVRE, 75008 PARIS, FRANCE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	FRANCE	DKT	C CORP	2,835,841.	1,812,712.	100%	X	
DKT INTERNATIONAL, INC - JORDAN W.I.I 151 WASFI ALTAL STREET, AL SALHEEN NEIGHBORHOOD AMMAN, JORDAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	JORDAN	DKT	C CORP	49,621.	523,158.	100%	X	
DKT INTERNATIONAL, INC AFGHANISTAN SUITE NO. 14, 4TH FLOOR, KHALID TARAKAY MARKET KABUL, AFGHANISTAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	AFGHANISTAN	DKT	C CORP	375,903.	842,027.	100%	X	
DKT BEIJING INTERNATIONAL TRADE CO LTD SHUANG ZI ZUO MANSION, EAST TOWER, 10TH FLOOR JIAN GUO MEN WAI DA STREET YI AREA, CHINA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CHINA	DKT	C CORP	0.	0.	100%	X	
SYB DE MEXICO, S.A DE C.V RODRIGUEZ SARO 523 LOCAL 5A COLONIA DEL VALLE ALCALDIA BENITO JUAREZ, MEXICO 3100	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MEXICO	DKT	C CORP	0.	2,410.	100%	X	
DKT HEALTH INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS, BAGUIO QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	13,713,007.	27,818,315.	100%	X	
DKT REPRODUCTIVE HEALTH, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS, BAGUIO QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	42,085.	3,138,845.	100%	X	
HEALTHSENSE, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS, BAGUIO QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	-1,562.	87,880.	100%	X	
DKT SERVICES LIMITED BLOCK 51, 23 STREET, OMARAT KHARTOUM, SUDAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SUDAN	DKT	C CORP	0.	0.	99.00%	X	
MODERN CHOICE EXPERTS CO. LTD. NO. 10 B/1, THUKAHWADDI ROAD, WARD 6 YANKIN TOWNSHIP, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	DKT	C CORP	2,617,047.	6,934,063.	100%	X	
DKT DE GUATEMALA, S.A. AVENIDA FERROCARRIL 19-97 ZONA 12 EMPRESARIAL GUATEMALA, GUATEMALA 610	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GUATEMALA	DKT	C CORP	706,526.	1,048,273.	99.00%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DKT DE PANAMA, S.A. CORREGIMIENTO DE BELLA VISTA CALLE 57 ESTA OBARRIO SORTIS BUSINESS TOWER OFICI, PANAMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PANAMA	DKT	C CORP	0.	10,000.	100%	X	
DKT VENEZUELA, C.A. LOS HEMETICOS CASA #2 QUINTA NAVA SECTOR EL T BOLIVARIANO, VENEZUELA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VENEZUELA	DKT	C CORP	0.	1.	100%	X	
JANANI FAMILY CARE PRIVATE LIMITED FLAT NO. 253, PLOT-4, THE SETH VIHAR CGHS, SE NEW DELHI, INDIA 110078	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	DKT	C CORP	2,807,645.	1,425,134.	99.99%	X	
RD HOLDING, LLC AND SUBSIDIARIES 302 E WASHINGTON ST UNIT 1134 MONROE, GA 30655-1411	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GA	DKT	C CORP	2,958,629.	5,865,956.	100%	X	
WOMANCARE GLOBAL, LLC - 93-1878347 1640 ROANOKE BLVD. SALEM, VA 24153	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VA	DKT	C CORP	6,751,586.	10,357,405.	100%	X	

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DKT DR CONGO	B	6,821,045.	CASH
(2) DINK KISTET LETENA (DKT ETHIOPIA)	B	1,071,750.	CASH
(3) DKT INTERNATIONAL INC. GHANA	B	3,798,118.	CASH
(4) DKT INDIA	B	1,300,150.	CASH
(5) JANANI FAMILY CARE PRIVATE LIMITED	B	2,264,340.	CASH
(6) DEEP KUMAR TYAGI HEALTHCARE INTERNATIONAL LTD	B	1,702,406.	CASH

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)SYB DE MEXICO, S.A DE C.V	B	349,350.	CASH
(8)DKT MOZAMBIQUE, LIMITADA	B	2,360,128.	CASH
(9)DKT INTERNATIONAL INC. MYANMAR BRANCH	B	900,000.	CASH
(10)DEEP K. TYAGI FOUNDATION NIGERIA	B	4,676,796.	CASH
(11)DKT PAKISTAN (PRIVATE) LIMITED	B	1,083,420.	CASH
(12)DKT INTERNATIONAL, INC AFGHANISTAN	B	517,782.	CASH
(13)DKT INTERNATIONAL SENEGAL S.U.A.R.L.	B	4,269,979.	CASH
(14)DKT HEALTHCARE INTERNATIONAL UGANDA LTD	B	850,000.	CASH
(15)REPRESENTATIVE OFFICE OF DKT INTERNATIONAL, INC IN HANOI	B	600,000.	CASH
(16)DKT INTERNATIONAL CAMEROON S.U.A.R.L.	B	1,433,587.	CASH
(17)DKT INTERNATIONAL COTE D'IVOIRE S.U.A.R.L.	B	1,885,959.	CASH
(18)FEMHEALTH USA INC	B	760,000.	CASH
(19)DKT INTERNATIONAL ISTANBUL SAGLIK	B	297,870.	CASH
(20)WOMANCARE GLOBAL SERVICES	B	776.	CASH
(21)RD HOLDING, LLC	B	4,182,000.	CASH
(22)DINK KISTET LETENA (DKT ETHIOPIA)	M	506,115.	CASH
(23)DKT INTERNATIONAL INC. MYANMAR BRANCH	M	57,893.	CASH
(24)DKT DO BRASIL PRODUTOS DE USO PESSOAL LTDA.	M	172,160.	CASH

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SYB SALUD Y BELLEZA INTERNACIONAL S.A.	M	11,370.	CASH
(8) PT. DHARMENDRA KUMAR TIYAGI INDONESIA	F	4,010,030.	CASH
(9) ASIA RH SUPPLY PTE. LTD	F	4,239,359.	CASH
(10) PT DKT INDONESIA	F	1,145,450.	CASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII Supplemental Information**

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

DKT INTERNATIONAL TANZANIA LIMITED

PLOT NO. 372, OYSTER PEARL GALLERIA, CHOLE RD

2ND FL, UNIT 210, PO BOX 23471, OYSTERBAY, TANZANIA

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

DKT INTERNATIONAL SEGAL COMPANY (PRIVATE JOINT STOCKS)

BARAN TOWER, UNIT 11, NO.122, HAGHATALAB STREET

(WEST 26TH), SAADATABAD BLVD, IRAN

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

DKT DE PANAMA, S.A.

CORREGIMIENTO DE BELLA VISTA CALLE 57 ESTA

OBARRIO SORTIS BUSINESS TOWER OFICI, PANAMA 2030