

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DKT INTERNATIONAL, INC.		D Employer identification number 58-1593137
	Doing business as		E Telephone number 202-233-8780
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 236,823,662.
	1001 CONNECTICUT AVENUE, NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CHRISTOPHER H. PURDY SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.DKTINTERNATIONAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984	M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE AND SAFE OPTIONS FOR FAMILY PLANNING AND HIV/AIDS PREVENTION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	4
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	11,363.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 38,981,452.	Current Year 54,771,608.
	9 Program service revenue (Part VIII, line 2g)	145,662,227.	143,193,393.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,254,420.	10,533,264.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,041,725.	2,485,315.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	190,939,824.	210,983,580.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,822,302.	40,122,977.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,772.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,697,030.	186,166,203.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	199,519,332.	226,289,180.	
19 Revenue less expenses. Subtract line 18 from line 12	-8,579,508.	-15,305,600.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 284,633,255.	End of Year 260,547,300.
	21 Total liabilities (Part X, line 26)	61,201,029.	67,042,539.
	22 Net assets or fund balances. Subtract line 21 from line 20	223,432,226.	193,504,761.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CHRISTOPHER H. PURDY, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature <i>Frank H. Smith</i>	Date 11/05/19	Check <input type="checkbox"/> if self-employed	PTIN P00639053
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323	Phone no. (202) 227-4000		
Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036					

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.

4a (Code:) (Expenses \$ 212,134,147. including grants of \$) (Revenue \$ 143,193,393.) DKT IS ONE OF THE LARGEST PRIVATE PROVIDERS OF FAMILY PLANNING AND REPRODUCTIVE HEALTH PRODUCTS AND SERVICES IN THE DEVELOPING WORLD, SERVING 44.6 MILLION COUPLES IN 2018, AND PREVENTING 12.7 MILLION UNWANTED PREGNANCIES, 9.8 MILLION UNSAFE ABORTIONS, 31,000 MATERNAL DEATHS, AND 90,000 INFANT 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 55 COUNTRIES. DKT IMPROVES THE AVAILABILITY, ACCESSIBILITY, AND AFFORDABILITY OF MODERN CONTRACEPTIVES BY LEVERAGING THE PRIVATE SECTOR TO DISTRIBUTE PRODUCTS BROADLY. DKT EXECUTES MARKETING AND PROMOTION CAMPAIGNS TO EDUCATE THE

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

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

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

4e Total program service expenses 212,134,147.

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.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (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 in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTOPHER H. PURDY - 202-233-8780 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP D. HARVEY FOUNDER & CHAIR	0.25	X		X				0.	0.	0.
(2) CHRISTOPHER H. PURDY PRESIDENT & CEO	40.00 4.00	X		X				477,946.	50,839.	382,255.
(3) ROBERT L. CISZEWSKI VICE PRESIDENT	0.25	X		X				0.	0.	0.
(4) CARLOS GARCIA DIRECTOR	0.25	X						0.	0.	0.
(5) JULIE STEWART DIRECTOR	0.25	X						0.	0.	0.
(6) MICHELE THORBURN ASSISTANT SECRETARY	40.00			X				91,635.	0.	17,015.
(7) TODD M. CALLAHAN PROGRAM MANAGER	40.00					X		584,501.	0.	36,154.
(8) PATRICK LOUVEL PROGRAM MANAGER	40.00					X		466,346.	0.	27,050.
(9) JUAN GARCIA PROGRAM MANAGER	40.00					X		457,237.	0.	26,876.
(10) DANIEL MARUN PROGRAM MANAGER	40.00					X		378,435.	0.	39,335.
(11) KARINA DE LA VEGA PROGRAM MANAGER	40.00					X		324,383.	0.	24,699.
(12) TERRY SCOTT FORMER PROGRAM MANAGER	40.00						X	179,760.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							2,960,243.	50,839.	553,384.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,960,243.	50,839.	553,384.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **37**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IDEO.ORG, 444 SPEAR STREET, SUITE 213, SAN FRANCISCO, CA 94105	CONSULTANT	300,000.
MARCUM LLP, 1899 L STREET, NW, SUITE 850, WASHINGTON, DC 20036	ACCOUNTING	223,994.
DWYN ANN WEN 3311 UNICK ROAD, FERNDALE, WA 98248	CONSULTANT	110,629.
JENNER & BLOCK LLP 353 N. CLARK STREET, CHICAGO, IL 60654	LEGAL SERVICES	109,557.
LISA CHICORKA 1642 TENNIS MATCH WAY, ENCINITAS, CA 92024	CONSULTANT	108,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,418,559.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44,353,049.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		54,771,608.				
Program Service Revenue	2 a FAMILY PLANNING SALES	Business Code 900099	143,193,393.	143,193,393.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		143,193,393.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,345,823.			3,345,823.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		33,027,523.					
		b Less: cost or other basis and sales expenses		25,840,082.			
		c Gain or (loss)		7,187,441.			
	d Net gain or (loss)		7,187,441.			7,187,441.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	2,485,315.			2,485,315.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		2,485,315.				
12 Total revenue. See instructions		210,983,580.	143,193,393.	0.	13,018,579.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	963,951.	125,314.	722,964.	115,673.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,777,388.	29,477,749.	1,056,063.	243,576.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,783,779.	3,563,778.	181,901.	38,100.
9 Other employee benefits	1,900,010.	1,805,015.	77,918.	17,077.
10 Payroll taxes	2,697,849.	2,521,008.	146,970.	29,871.
11 Fees for services (non-employees):				
a Management				
b Legal	261,740.	244,816.	16,924.	
c Accounting	326,431.	305,324.	21,107.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,783.		7,783.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	14,157,686.	13,477,640.	622,571.	57,475.
12 Advertising and promotion	42,209,501.	42,207,701.	1,800.	
13 Office expenses	4,707,355.	4,612,413.	94,942.	
14 Information technology	297,966.	278,699.	19,267.	
15 Royalties				
16 Occupancy	5,099,717.	4,999,340.	100,377.	
17 Travel	10,023,180.	9,902,519.	120,661.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,357,480.	3,338,662.	18,818.	
20 Interest	1,077,964.	1,077,964.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,608,223.	2,605,415.	2,808.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF SALES	84,612,085.	84,612,085.		
b LOSS FROM AFFILIATE	8,090,574.		8,090,574.	
c OTHER	3,089,354.	3,053,701.	35,653.	
d EXCHANGE LOSS	2,314,160.		2,314,160.	
e All other expenses	3,925,004.	3,925,004.		
25 Total functional expenses. Add lines 1 through 24e	226,289,180.	212,134,147.	13,653,261.	501,772.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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	
Assets	1 Cash - non-interest-bearing	56,326,035.	1	39,778,174.	
	2 Savings and temporary cash investments	492,187.	2	390,710.	
	3 Pledges and grants receivable, net	38,444,230.	3	31,868,746.	
	4 Accounts receivable, net	40,084,519.	4	45,583,880.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6
	7 Notes and loans receivable, net				7
	8 Inventories for sale or use	30,438,917.	8	34,035,049.	
	9 Prepaid expenses and deferred charges	3,928,704.	9	4,310,706.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,918,947.			
	b Less: accumulated depreciation	10b 8,107,975.			
	11 Investments - publicly traded securities				11
	12 Investments - other securities. See Part IV, line 11	102,462,592.	12	90,968,845.	
	13 Investments - program-related. See Part IV, line 11				13
	14 Intangible assets				14
	15 Other assets. See Part IV, line 11	3,146,259.	15	3,800,218.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	284,633,255.	16	260,547,300.		
Liabilities	17 Accounts payable and accrued expenses	40,203,026.	17	46,364,430.	
	18 Grants payable				18
	19 Deferred revenue	8,754,000.	19	6,590,861.	
	20 Tax-exempt bond liabilities				20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22
	23 Secured mortgages and notes payable to unrelated third parties	12,244,003.	23	14,087,248.	
	24 Unsecured notes and loans payable to unrelated third parties				24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25
	26 Total liabilities. Add lines 17 through 25	61,201,029.	26	67,042,539.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	167,828,229.	27	151,689,409.	
	28 Temporarily restricted net assets	55,603,997.	28	41,815,352.	
	29 Permanently restricted net assets				29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds				30
	31 Paid-in or capital surplus, or land, building, or equipment fund				31
	32 Retained earnings, endowment, accumulated income, or other funds				32
33 Total net assets or fund balances	223,432,226.	33	193,504,761.		
34 Total liabilities and net assets/fund balances	284,633,255.	34	260,547,300.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	210,983,580.
2	Total expenses (must equal Part IX, column (A), line 25)	2	226,289,180.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,305,600.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223,432,226.
5	Net unrealized gains (losses) on investments	5	-14,621,865.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	193,504,761.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39129048.	39124751.	97787203.	38981452.	54771608.	269794062
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	103095898	104848789	120461876	145662227	143193393	617262183
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	142224946	143973540	218249079	184643679	197965001	887056245
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1000000.	1000000.	723,552.	1500000.	1000000.	5223552.
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	10344357.	1114590.	1213596.		4398946.	17071489.
c Add lines 7a and 7b	11344357.	2114590.	1937148.	1500000.	5398946.	22295041.
8 Public support. (Subtract line 7c from line 6.)						864761204

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	142224946	143973540	218249079	184643679	197965001	887056245
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2113772.	2949861.	3764796.	3584627.	3345823.	15758879.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2113772.	2949861.	3764796.	3584627.	3345823.	15758879.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1067847.	641,598.	275,762.	1041725.	2485315.	5512247.
13 Total support. (Add lines 9, 10c, 11, and 12.)	145406565	147564999	222289637	189270031	2037961399	908327371

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	95.20 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	91.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1.73 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.51 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

2014 AMOUNT: \$ 1,067,847.

2015 AMOUNT: \$ 641,598.

2016 AMOUNT: \$ 275,762.

2017 AMOUNT: \$ 1,041,725.

2018 AMOUNT: \$ 2,485,315.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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

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

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

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

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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>17,319,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>7,686,399.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>6,436,907.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>5,106,045.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>3,981,652.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>3,060,000.</u>	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/>	\$ <u>1,968,171.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
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 (e.g., 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 on 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 Temporarily restricted 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		726,657.		726,657.
b Buildings		2,115,698.	957,552.	1,158,146.
c Leasehold improvements		1,300,248.	588,639.	711,609.
d Equipment		6,535,739.	3,285,351.	3,250,388.
e Other		7,240,605.	3,276,433.	3,964,172.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,810,972.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITIES	42,033,525.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	48,935,320.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	90,968,845.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	111,741,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-14,621,865.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-84,612,085.
e	Add lines 2a through 2d	2e	-99,233,950.
3	Subtract line 2e from line 1	3	210,975,797.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,783.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	7,783.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	210,983,580.

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.

1	Total expenses and losses per audited financial statements	1	215,876,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	215,876,663.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,783.
b	Other (Describe in Part XIII.)	4b	10,404,734.
c	Add lines 4a and 4b	4c	10,412,517.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	226,289,180.

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:

DKT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2018, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE COMBINED FINANCIAL STATEMENTS OR WHICH MIGHT HAVE ANY EFFECT ON DKT'S TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -84,612,085.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN CURRENCY EXCHANGE 2,314,160.

LOSS FROM CLOSE AFFILIATE 8,090,574.

Part XIII Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 4B 10,404,734.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
EAST ASIA AND THE PACIFIC	7	381	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	47,724,268.
EUROPE (INCLUDING ICELAND & GREENLAND)	3	11	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	3,461,190.
MIDDLE EAST AND NORTH AFRICA	2	111	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	1,689,185.
NORTH AMERICA	2	170	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	9,270,433.
SOUTH AMERICA	10	81	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	15,593,895.
SOUTH ASIA	4	1314	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	30,991,948.
SUB-SAHARAN AFRICA	12	949	PROGRAM SERVICES	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	36,615,919.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		1,665,069.
3 a Subtotal	40	3017			147,011,907.
b Total from continuation sheets to Part I	0	0			60,099,234.
c Totals (add lines 3a and 3b)	40	3017			207,111,141.

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

Schedule F (Form 990) 2018

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
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		353,765.
NORTH AMERICA	0	0	INVESTMENTS		210,986.
SOUTH ASIA	0	0	INVESTMENTS		25,913,779.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		32,130,820.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		1,433,500.
SOUTH AMERICA	0	0	INVESTMENTS		56,384.
Totals					60,099,234.

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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

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

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2018

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:

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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 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 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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b	X	
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2018

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 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	(i)	300,000.	177,808.	138.	352,683.	24,672.	855,301.	0.
	(ii)	49,000.	1,839.	0.	4,900.	0.	55,739.	0.
(2) TODD M. CALLAHAN PROGRAM MANAGER	(i)	123,000.	334,226.	127,275.	12,300.	23,854.	620,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICK LOUVEL PROGRAM MANAGER	(i)	124,354.	202,531.	139,461.	12,374.	14,676.	493,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JUAN GARCIA PROGRAM MANAGER	(i)	121,314.	285,495.	50,428.	12,200.	14,676.	484,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL MARUN PROGRAM MANAGER	(i)	119,500.	201,725.	57,210.	13,023.	26,312.	417,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARINA DE LA VEGA PROGRAM MANAGER	(i)	125,725.	152,810.	45,848.	12,573.	12,126.	349,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TERRY SCOTT FORMER PROGRAM MANAGER	(i)	0.	179,760.	0.	0.	0.	179,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1B:

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

DKT GROSSES UP RELOCATION EXPENSES.

THE FOREIGN COUNTRY DIRECTOR'S HOUSING IS PROVIDED BY DKT.

PART I, LINE 4B:

IN 2018, CHRISTOPHER H. PURDY, PRESIDENT & CEO, ACCRUED \$322,863 FROM HIS PARTICIPATION IN A SUPPLEMENTAL, NON-QUALIFIED 457(F) RETIREMENT PLAN.

PART I, LINE 5:

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

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.

CONTRACEPTIVE PRODUCTS. DKT ALSO PAYS COMMISSIONS FOR FUNDRAISING RESULTS,
ACHEIVEMENTS TO SUPPORT OUR MAIN KPI, THE CYP, AND REMITTANCES.

PART I, LINE 7:

DKT PAYS COMMISSIONS FOR FUNDRAISING RESULTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

DKT INTERNATIONAL, INC.

Employer identification number

58-1593137

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

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 1989, DKT HAS BEEN A LEADER IN DYNAMIC FAMILY
PLANNING PROGRAMMING FOR OVER 25 YEARS. IN 2018, DKT PROVIDED AND SOLD
721 MILLION MALE CONDOMS, 1 MILLION FEMALE CONDOMS, 101 MILLION CYCLES
OF ORAL CONTRACEPTIVES, 10.6 MILLION EMERGENCY CONTRACEPTIVES, 29.6
MILLION INJECTABLE CONTRACEPTIVES, 5.5 MILLION IUDS, 15.5 MILLION
MISOPROSTOL PILLS, 3.5 MILLION MIFEPRISTONE/COMBI PACK, 180,000 MANUAL
VACUUM ASPIRATION(MVA) KITS, 1.7 MILLION CANNULAE, 684,000 HORMONAL
IMPLANTS AND 36,000 TUBAL LIGATIONS AND VASECTOMIES.

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

INDONESIA, PHILIPPINES, BRAZIL, ETHIOPIA,
URUGUAY, GHANA, INDIA, MEXICO,
EGYPT, MOZAMBIQUE, VIETNAM, CHINA,
CONGO, DEM REP, TANZANIA, BURMA, NIGERIA,
PAKISTAN, THAILAND, TURKEY, FRANCE,
LIBERIA, SIERRA LEONE, UNITED KINGDOM, ARGENTINA,
CHILE, ECUADOR, PARAGUAY, PERU,
PANAMA

Name of the organization DKT INTERNATIONAL, INC.	Employer identification number 58-1593137
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FORM 990, PART VI, SECTION B, LINE 11B:

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:

BOARD MEMBERS ARE REQUIRED TO COMPLETE THE FORM INITIALLY AND THEN REVIEW AND REVISE PERIODICALLY AS RELEVANT CHANGES MAY BE INDICATED BY BOARD MEMBERS. A DECISION IS MADE TO DETERMINE WHETHER THE MEMBER MUST ABSTAIN IN VOTING ON ANY MATTERS WHERE THE CONFLICT MAY BE AN ISSUE.

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

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

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

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).

Name of the organization DKT INTERNATIONAL, INC.	Employer identification number 58-1593137
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FORM 990, PAGE 1, LINE 5:

THE TOTAL NUMBER OF US CITIZENS RECEIVING FORM W-2S IS 23 AND THE TOTAL
 EMPLOYEES WORLDWIDE THAT ARE NOT US CITIZENS NOT RECEIVING FORM W-2S
 ARE 3,017. THEREFORE, THE TOTAL EMPLOYEES FOR THE ORGANIZATION
 WORLDWIDE IS 3,040.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DKT INDIA 67 A LINKING ROAD, SANTA CRUZ MUMBAI, INDIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	N/A		DKT	X	
DKT INTERNATIONAL FOUNDATION UK 50 BROADWAY LONDON, UNITED KINGDOM SW1H0BL	FAMILY PLANNING	UNITED KINGDOM	N/A		DKT	X	
FEMHEALTH USA, INC. - 46-4144274 1156 15TH STREET, NW WASHINGTON, DC 20005	FAMILY PLANNING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	DKT	X	
YAYASAN DKT INDONESIA GRAHA SUCOFINDO LT., 12 JALAN RAYA PASA JAKARTA, INDONESIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	N/A		DKT	X	

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DINK KISTET LETENA 1234 ADDIS ABABA ETHIOPIA, ETHIOPIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ETHIOPIA	DKT	C CORP	8,339,002.	9,228,442.	100%	X	
DKT ARGENTINA S.A. CERRITO 1070, PISO 3 ,OFICINA 71 BUENOS AIRES, ARGENTINA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ARGENTINA	DKT	C CORP	202.	27,364.	100%	X	
DKT BOLIVIA AVENIDA LAS AMERICAS ESQUINA, #7 SAAVEDRA, BOLIVIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BOLIVIA	DKT	C CORP	-1,843.	36,753.	99.00%	X	
DKT CHILE S.A. EL GOLF 150,FLOOR 4, LAS CONDES SANTIAGO, CHILE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CHILE	DKT	C CORP	317,935.	1,317,183.	100%	X	
DKT COLOMBIA S.A. CL 70 A NR. 4-41 BOGOTA, COLOMBIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	COLOMBIA	DKT	C CORP	5,293.	21,529.	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 DE MEXICO SA DE DV AV. MIGUEL ANGEL DE QUEVEDO 696, DELEGACION C LAS LOMAS, MEXICO	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MEXICO	DKT	C CORP	8,594,060.	9,445,797.	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	11,287,843.	11,768,689.	99.99%	X	
DKT DR CONGO AVENUE DU MILITANT NO.1/3691, CROISEMENT DES BARUMBU, CONGO (KINSHASA)	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CONGO (KINSHASA)	DKT	C CORP	9,840,845.	13,160,006.	100%	X	
DKT ECUADOR S.A. AV. REPUBLICA DEL SALVADOR 1082, TORRE PARIS QUITO, ECUADOR	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	ECUADOR	DKT	C CORP	0.	13,098.	100%	X	
DKT EGYPT ZAHRET EL MMDI TOWER CORNICHE EL CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	0.	98,913.	96.00%	X	
DKT HEALTH 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	13,812,846.	13,408,606.	99.99%	X	
DKT INDONESIA PT GRAHA SUCOFINDO LT. 12, JL. RAYA PASAR MINGGU JAKARTA, INDONESIA 12780	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	DKT	C CORP	9,680,047.	13,249,574.	99.00%	X	
DKT INTERNATIONAL - CAMEROON BONAMOISSADI OPPOSITE QUIFEUROU SABLE DOULA, CAMEROON	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	CAMEROON	DKT	C CORP	1,834,133.	936,030.	100%	X	
DKT INTERNATIONAL - EGYPT BRANCH 17 ALTAQA, NASR CITY CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	0.	0.	100%		X
DKT INTERNATIONAL - IRAN A8, 8TH FLOOR, NO. 2, HORMOZAN STREE TEHRAN, IRAN 1466765191	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	IRAN	DKT	C CORP	179,217.	1,229,516.	99.99%	X	
DKT INTERNATIONAL - IVORY COAST COCODY, ANGR 8M TRANCHE LOT 565, ILOT 38 ABIDJAN, COTE D'IVOIRE (IVORY COAST)	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	COTE D'IVOIRE	DKT	C CORP	-179,992.	1,340,051.	100%	X	
DKT INTERNATIONAL - SENEGAL ROUTE DES ALMADIES, LOT 25 DAKAR, SENEGAL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SENEGAL	DKT	C CORP	-723,155.	1,675,703.	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 INTERNATIONAL - VIETNAM OFFICE 13TH FLOOR, ICON4 TOWER, 243A DE LA THANH STR HANOI, VIETNAM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VIETNAM	DKT	C CORP	401,792.	671,062.	100%	X	
DKT INTERNATIONAL INC. LIBERIA MONTERRADO, BUSHROD ISLAND, ACROSS FROM TOYO SAYON TOWN, LIBERIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	LIBERIA	DKT	C CORP	0.	0.	100%		X
DKT INTERNATIONAL, INC. GHANA HSC327/14MII BONEY ST DZORWULU ACCRA, GHANA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	GHANA	DKT	C CORP	2,374,762.	5,903,801.	100%	X	
DKT JANANI FAMILY CARE PRIVATE LIMITED FLAT-253, PLOT-4, THE SETH VIHAR CGHS, SECTOR DELHI, INDIA 110078	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	DKT	C CORP	0.	0.	100%		X
DKT KENYA KAREN OFFICE PARK, BAOBAB BUILDING, 1ST FLOOR KENYA, KENYA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	KENYA	DKT	C CORP	1,732,531.	974,326.	98.00%	X	
DKT LIMITED LIABILITY COMPANY 17 EL-TAKA STREET, 8TH FLOOR, 11TH ZONE, NASR CAIRO, EGYPT	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	EGYPT	DKT	C CORP	1,481,585.	1,705,533.	92.00%	X	
DKT MOZAMBIQUE, LIMITADA RUA PEREIRA DO LAGO, 56 SOMMERSCHEI MAPUTO, MOZAMBIQUE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	MOZAMBIQUE	DKT	C CORP	3,280,505.	1,792,371.	97.50%	X	
DKT MYANMAR NO. 02,7/1 YAN AUNG LANE 2, YANKIN TOWNSHIP MYANMAR, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	DKT	C CORP	385.	1,082,799.	100%	X	
DKT NIGERIA GRACE HOUSE, NO. 2, IWAYA ROAD, ONIKE-YABA LAGOS, NIGERIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	NIGERIA	DKT	C CORP	4,410,708.	10,536,233.	100%	X	
DKT PAKISTAN PLOT NO. BC-10, BLOCK-4, CLIFTON KARACHI, PAKISTAN	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PAKISTAN	DKT	C CORP	24,303,640.	3,285,900.	99.99%	X	
DKT PARAGUAI S.A. JUAN DE SALAZAR, 657 ASSUNCIN, PARAGUAY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PARAGUAY	DKT	C CORP	-621.	87,010.	100%	X	
DKT PERU S.A.C. AV. VICTOR ANDRES BELAUNDE, 147 SAN ISIDRO, PERU	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PERU	DKT	C CORP	37,526.	111,310.	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 PHILIPPINES, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	-731,059.	10,691,613.	100%	X	
DKT REPRODUCTIVE HEALTH INTERNATIONAL 491B RIVER VALLEY ROAD, #15-01 VALLEY POINT, SINGAPORE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SINGAPORE	DKT	C CORP	0.	0.	100%	X	
DKT REPRODUCTIVE HEALTH, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	152,963.	4,370,976.	99.99%	X	
DKT SIERRA LEONE 1 BETTS FARM, OFF SIR SAMUEL LEWIS ROAD, MURR FREETOWN, SIERRA LEONE	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	SIERRA LEONE	DKT	C CORP	0.	0.	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	650,000.	1,545,560.	100%	X	
DKT TURKEY TALATPASA BULVARI AKGUN ALSANCAK-IZMIR, TURKEY 35/5 3522	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TURKEY	DKT	C CORP	393,823.	1,299,736.	92.46%	X	
DKT UGANDA KAREN OFFICE PARK, BAOBAB BUILDING, 1ST FLOOR KENYA, KENYA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	KENYA	DKT	C CORP	498,585.	577,712.	98.00%	X	
DKT URUGUAY, S.A. AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO, BRAZIL	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BRAZIL	DKT	C CORP	10,242.	193,339.	100%	X	
DKT WOMANCARE GLOBAL SERVICES 43 AVENUE DE LA GRANDE-ARMEE PARIS, FRANCE 75116	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	FRANCE	DKT	C CORP	0.	69,801.	100%		X
GOLDEN CHOICE COMPANY LIMITED 13TH FLOOR, ICON4 TOWER, 243A DE LA THANH STR HANOI, VIETNAM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	VIETNAM	DKT	C CORP	1,005,101.	1,364,759.	100%	X	
HEALTHSENSE, INC. 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	91,113.	379,356.	99.99%	X	
INDIA HEALTHCARE HEM-DIL, 2ND FLOOR, 67-A LINKING ROAD MUMBAI, INDIA 400054	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	DKT	C CORP	7,358,220.	3,383,101.	99.99%	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
JANANI B-4, PRESS APARTMENTS, 23 INDRAPRASTHA EXTENS DELHI, INDIA 110017	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDIA	DKT	C CORP	7,223,266.	4,413,371.	100%	X	
MODERN CHOICE EXPERTS CO., LTD. NO. 02,7/1 YAN AUNG LANE 2, YANKIN TOWNSHIP MYANMAR, BURMA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	BURMA	DKT	C CORP	152,362.	681,546.	100%	X	
PHILIPPINES REGIONAL HEADQUARTERS 80 EAST RODRIGUEZ JR. AVENUE, C-5 LIBIS QUEZON CITY, PHILIPPINES 1110	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	PHILIPPINES	DKT	C CORP	245,780.	3,128,937.	99.00%	X	
PT DHARMENDRA KUMAR TIYAGI INDONESIA TAMAN TEKNO BSD SEKTOR XI G-3 NO. 29, SETU TANGERANG, INDONESIA	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	INDONESIA	DKT	C CORP	3,481,733.	11,993,039.	100%		X
SYB SALUD Y BELLEZA INTERNACIONAL, S.A. AVENIDA BRIGADEIRO FARIA UMA 1912 SAO PAULO, URUGUAY	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	URUGUAY	DKT	C CORP	1,407,775.	4,772,398.	100%	X	
TANZANIA PLOT NUMBER 1006-A, BUZWAGI ROAD DAR ES SALAAM, TANZANIA 23471	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TANZANIA	DKT	C CORP	2,628.	2,756.	100%	X	
TANZANIA LIMITED PLOT NO. BC-10, BLOCK-4, CLIFTON DAR ES SALAAM, TANZANIA 23471	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	TANZANIA	DKT	C CORP	0.	451.	88.00%	X	
WOMANCARE GLOBAL TRADING CIC 50 BROADWAY LONDON, UNITED KINGDOM	SALE AND DISTRIBUTION OF FAMILY PLANNING PRODUCTS	UNITED KINGDOM	DKT	C CORP	5,264,777.	4,563,001.	100%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FEMHEALTH USA, INC. DKT DO BRASIL PRODUTOS DE USO PESSOAL, (2) LTDA.	B	2,350,000.	CASH
(3) TANZANIA	B	2,184,740.	CASH
(4) DKT PAKISTAN	B	25,913,779.	CASH
(5) DKT NIGERIA	B	4,269,006.	CASH
(6) DKT MOZAMBIQUE, LIMITADA	B	3,293,316.	CASH

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)DKT DE MEXICO SA DE DV	B	210,986.	CASH
(8)DKT MYANMAR	B	1,665,069.	CASH
(9)DKT INTERNATIONAL, INC. GHANA	B	1,889,418.	CASH
(10)DINK KISTET LETENA	B	6,229,104.	CASH
(11)DKT EGYPT	B	353,765.	CASH
(12)DKT DR CONGO	B	12,275,891.	CASH
(13)WOMANCARE GLOBAL TRADING CIC	B	1,433,500.	CASH
(14)DKT INDIA	B	3,336,352.	CASH
(15)DKT DO BRASIL PRODUTOS DE USO PESSOAL, LTDA.	D	2,910,770.	FMV
(16)DKT INTERNATIONAL, INC. GHANA	D	22,958.	FMV
(17)DKT PHILLIPINES, INC.	D	1,322,616.	FMV
(18)DKT DE MEXICO SA DE DV	D	96,331.	FMV
(19)DKT INTERNATIONAL - VIETNAM OFFICE	D	650,000.	FMV
(20)DKT PHILLIPINES, INC.	E	1,807,229.	FMV
(21)DKT MOZAMBIQUE, LIMITADA	E	37,466.	FMV
(22)TANZANIA	E	1,240,498.	FMV
(23)DKT DO BRASIL PRODUTOS DE USO PESSOAL, LTDA.	R	6,000,000.	FMV
(24)WOMANCARE GLOBAL TRADING CIC	R	1,576,237.	FMV

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) GOLDEN CHOICE COMPANY LIMITED	R	650,000.	FMV
(8) DKT INTERNATIONAL - IRAN	R	1,616,120.	FMV
(9) DKT TURKEY	R	375,506.	FMV
(10) TANZANIA LIMITED	R	3,047,321.	FMV
(11) DKT KENYA	R	416,894.	FMV
(12) DKT INTERNATIONAL - IVORY COAST	R	2,058,400.	FMV
(13) DKT PHILLIPINES, INC.	R	1,919,928.	FMV
(14) DKT SOUTH AMERICA HOLDING INC.	R	250,000.	FMV
(15) DKT MYANMAR	R	985,656.	FMV
(16) DKT DE MEXICO SA DE DV	R	96,331.	FMV
(17) DKT INDONESIA PT	R	1,203,389.	FMV
(18) DKT LIMITED LIABILITY COMPANY	R	2,313,887.	FMV
(19) DKT INTERNATIONAL - SENEGAL	R	6,777,668.	FMV
(20) DKT EGYPT	R	1,023,592.	FMV
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

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

Multiple horizontal lines for providing supplemental information.