DLN: 93493318036109 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable INDIAN DENTAL ASSOCIATION USA INC ☐ Address change 13-3154895 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 140 TULIP AVENUE ☐ Application pending (718) 434-2520 City or town, state or province, country, and ZIP or foreign postal code FLORAL PARK, NY $\,$ 11001 $\,$ G Gross receipts \$ 634 Name and address of principal officer H(a) Is this a group return for DR PRABHAKAR KOPPIKAR □Yes ☑No subordinates? 140 TULIP AVENUE H(b) Are all subordinates FLORAL PARK, NY 11001 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) ✓ 501(c) (6) **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW IDA-USA ORG L Year of formation 2015 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE ORGANISATION CONDUCTS THE LECTURES, SEMINAR AND CONVENTIONS FOR THE BENEFITS OF INDIAN DENTISITS SETTLED IN USA AT PRESENT, THERE ARE 375 MEMBERS IN THE ORGANISATIONS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 0 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 2,197 634 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,197 634 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 501 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 14,623 17,809 14,623 18,310 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -12,426 -17,676 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 255,494 237,818 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 237.818 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 2019-11-05 Signature of officer Sign Here DR PRABHAKAR KOPPIKAR PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-05 P01085146 Paid self-employed Firm's name

KK MEHTA CPA ASSOCIATES PLLC Firm's EIN ▶ 27-3121426 Preparer Use Only Firm's address ► 100 RING RD STE 300 Phone no (516) 663-5990 GARDEN CITY, NY 11530 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y