



990-EZ

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2017

Open to Public Inspection

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/Form990EZ for instructions and the latest information. **1803**

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 4/1/2017, **and ending** 3/31/2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 Indians for Civic Action

D Employer identification number
 38-3884600

E Telephone number
 510-393-4549

F Group Exemption Number
 04

G Accounting Method Cash Accrual Other (specify) _____

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

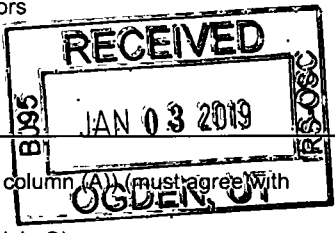
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 17,489

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	97,267	22 43,164
23 Land and buildings		23
24 Other assets (describe in Schedule O)	201,395	24 32,202
25 Total assets	298,662	25 75,366
26 Total liabilities (describe in Schedule O)	20,777	26 9,160
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	277,885	27 66,206

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Advocating for social and environmental justice in India

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

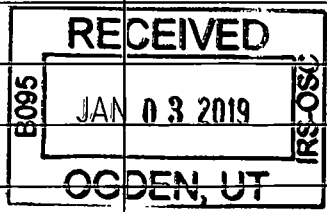
Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Over the reported period of 2017-18 we continued to scale our work on the issue of air-pollution in India. Our main focus was creating and disseminating interesting digital content. SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	204,482
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	204,482

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

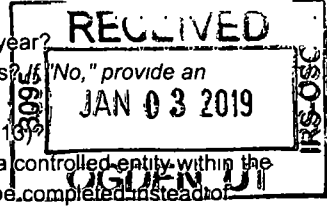
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sharanya Krishna Prasad Secretary	Hr/WK 1 00	0	0	0
Stefanie Faucher Treasurer	Hr/WK 2 00	0	0	0
Caroline Howe President	Hr/WK 1 00	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
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	Hr/WK			



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> ; section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="CA"/>		
42 a	The organization's books are in care of <input type="text" value="Stefanie Faucher"/> Telephone no <input type="text" value="510-393-4549"/> Located at <input type="text" value="1001 Bella Vista Avenue"/> City <input type="text" value="Oakland"/> ST <input type="text" value="CA"/> ZIP + 4 <input type="text" value="94610"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/>		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X



46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
		48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
		49a	
b	If "Yes," was the related organization a section 527 organization?	Yes	No
		49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		



d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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
	Stefanie Faucher	12/21/2018
	Type or print name and title	Treasurer

Paid Preparer Use Only	Pnn/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Robin Braverman	Robin Braverman	8/13/2018		P01279892
	Firm's name	Firm's EIN	Phone no		
	Robin Braverman Associates		925-979-1998		
	Firm's address	1900 Aspenridge Court, Walnut Creek, CA 94597			

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

SCHEDULE O
(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Indians for Civic Action

Employer identification number

38-3884600

Form 990-EZ, Part I, Line 8, Other Revenue Gain on Currency Exchange 341

Form 990-EZ, Part I, Line 16, Other Expenses Travel 8,258

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 6,914

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 500

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 104

Form 990-EZ, Part I, Line 16, Other Expenses Information Technology 21,723

Form 990-EZ, Part I, Line 16, Other Expenses Staff Recruitment 642

Form 990-EZ, Part I, Line 16, Other Expenses Dues and Fees 4,428

Form 990-EZ, Part I, Line 16, Other Expenses Marketing and Promotion 1,908

Form 990-EZ, Part II, Line 24, Other Assets Grants Receivable Beginning of year 197,395,

End of year 28,316

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 4,000, End

of year 3,886

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable and Accrued Expenses Beginning

of year 20,777, End of year 9,160

Form 990-EZ, Part III, Line 28 Over the reported period of 2017-18 we continued to scale our

work on the issue of air-pollution in India Our main focus was creating and disseminating

interesting digital content to raise awareness around the issue and increase conversation on

social media and traditional media To this end we created various pieces of content - from

art installations, to internet videos and graphics, as well as advertisements (both online and

offline) Through these various means we reached out to over 8 million Indians who saw our

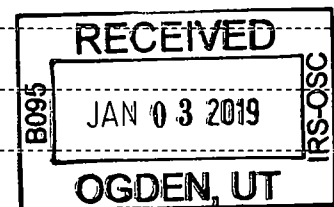
content in some form We conducted an event in Bangalore that brought together scientists,

researchers, celebrities and general public to create conversation around the importance of

trees in urban ecosystems We also set up air quality monitors in a few locations in

Bangalore We encouraged citizens to sign-up to receive regular alerts about air quality

levels and personal action they could take to protect themselves from toxic air



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

Schedule O (Form 990 or 990-EZ) (2017)

HTA

Name of the organization

Employer identification number

Indians for Civic Action

38-3884600

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