

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

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

C Name of organization INC
INTERNATIONAL CENTER OF WEST LAFAYETTE, INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
523 N. RUSSELL ST.
City or town, state or province, country, and ZIP or foreign postal code
WEST LAFAYETTE, IN 47906-2823

D Employer identification number
35-1335951
E Telephone number
765-743-4353
F Group Exemption Number ►

G Accounting Method: Cash Accrual Other (specify) ► _____

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

I Website: ► WWW.INTLCTR.ORG

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

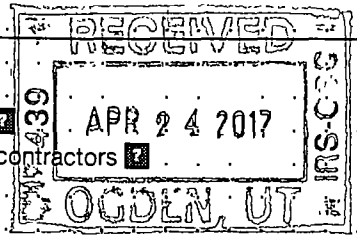
K Form of organization: Corporation Trust Association Other _____

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. ► \$ 107,474

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

SCANNED MAY 19 2017 Revenue

<input checked="" type="checkbox"/>	1 Contributions, gifts, grants, and similar amounts received	1	<u>24,679</u>
<input checked="" type="checkbox"/>	2 Program service revenue including government fees and contracts	2	<u>67,013</u>
<input checked="" type="checkbox"/>	3 Membership dues and assessments	3	
<input checked="" type="checkbox"/>	4 Investment income	4	<u>10</u>
<input checked="" type="checkbox"/>	5a Gross amount from sale of assets other than inventory	5a	
<input checked="" type="checkbox"/>	b Less: cost or other basis and sales expenses	5b	
<input checked="" type="checkbox"/>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
<input checked="" type="checkbox"/>	6 Gaming and fundraising events		
<input checked="" type="checkbox"/>	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
<input checked="" type="checkbox"/>	b Gross income from fundraising events (not including \$ <u>1,450</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<u>15,539</u>
<input checked="" type="checkbox"/>	c Less: direct expenses from gaming and fundraising events	6c	<u>8,414</u>
<input checked="" type="checkbox"/>	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>7,125</u>
<input checked="" type="checkbox"/>	7a Gross sales of inventory, less returns and allowances	7a	
<input checked="" type="checkbox"/>	b Less: cost of goods sold	7b	
<input checked="" type="checkbox"/>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
<input checked="" type="checkbox"/>	8 Other revenue (describe in Schedule O)	8	<u>233</u>
<input checked="" type="checkbox"/>	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>99,060</u>
<input checked="" type="checkbox"/>	10 Grants and similar amounts paid (list in Schedule O)	10	
<input checked="" type="checkbox"/>	11 Benefits paid to or for members	11	
<input checked="" type="checkbox"/>	12 Salaries, other compensation, and employee benefits	12	<u>48,279</u>
<input checked="" type="checkbox"/>	13 Professional fees and other payments to independent contractors	13	<u>3,276</u>
<input checked="" type="checkbox"/>	14 Occupancy, rent, utilities, and maintenance	14	<u>25,983</u>
<input checked="" type="checkbox"/>	15 Printing, publications, postage, and shipping	15	<u>3,420</u>
<input checked="" type="checkbox"/>	16 Other expenses (describe in Schedule O)	16	<u>20,070</u>
<input checked="" type="checkbox"/>	17 Total expenses. Add lines 10 through 16	17	<u>101,028</u>
<input checked="" type="checkbox"/>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(1,968)</u>
<input checked="" type="checkbox"/>	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)	19	<u>26,529</u>
<input checked="" type="checkbox"/>	20 Other changes in net assets or fund balances (explain in Schedule O)	20	<u>862</u>
<input checked="" type="checkbox"/>	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>25,422</u>



P17

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	32,499	30,371
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	32,499	30,371
26 Total liabilities (describe in Schedule O)	5,970	4,949
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,529	25,422

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? Assist International Students, visitors, and new comers and promote cross-culture understanding.
 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 <u>Provide 8 cooperative housing units for international students & visiting scholars of Purdue University, benefitting 20-25 students per year.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,286
29 <u>Provide educational, social, and cultural activities including dinners, cooking classes, English & Foreign Language classes, conversation groups, and country presentation.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	44,847
30 <u>Provide meeting space and assistance to international student groups for social and group activities. Assist international new comers with info about services and activities in the community.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	13,788
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	86,921

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
Karen Moyars Director	20	14,630		
Caressa Corloff Assistant Director	30	16,593		
Bastien Jaquet Operations Coordinator	20	2,076		
Sooyeon Shin Finance Officer/Treasurer	20	10,400		
Benjamin Moyars Board President	5	-		
Neil McKinnis Board Vice President	3	-		
Joy Cron Board Secretary	3	-		
Ilicia Jo Sprey Board Member	1	-		
Brady Smith Board Member	1	-		

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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a	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)?		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	n/a
b	Did the organization file Form 1120-POL for this year?	37b	n/a
38a	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?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>- 0 -</u> ; section 4912 <u>- 0 -</u> ; section 4955 <u>- 0 -</u>		
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	40b	<input checked="" type="checkbox"/>
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		<u>- 0 -</u>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		<u>- 0 -</u>
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	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		INDIANA
42a	The organization's books are in care of <u>SOOYEON SHIN</u> Telephone no. <u>765-743-4353</u> Located at <u>523 N. RUSSELL ST WESTLAFAYETTE, IN</u> ZIP + 4 <u>47906-2823</u>		
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: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	<input checked="" type="checkbox"/>
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: _____	42c	<input checked="" type="checkbox"/>
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	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	n/a
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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)	45b	<input checked="" type="checkbox"/>

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 **46** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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
NONE				

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
NONE		

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 *Benjamin S Moyars* Signature of officer **BENJAMIN S MOYARS** Type or print name and title **BOARD PRESIDENT** Date **04/01/2017**

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____ Firm's name ▶ _____ Firm's EIN ▶ _____ Firm's address ▶ _____ Phone no _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization INTERNATIONAL CENTER OF WEST LAFAYETTE, INC	Employer identification number 35-1335951
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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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,481	12,005	31,277	24,125	24,679	106,567
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	72,492	85,674	82,144	74,972	74,371	389,653
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	86,973	97,679	113,421	99,097	99,050	496,220
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						496,220

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	86,973	97,679	113,421	99,097	99,050	496,220
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	209	67	57	26	10	369
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	209	67	57	26	10	369
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	87,182	97,746	113,478	99,123	99,060	496,589
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.9 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.8 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.1 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.2 %

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL CENTER OF WEST LAFAYETTE, INC

Employer identification number

35-1335951

Part I, Line 8 Other Revenue: Includes rebates from Coin-Mach for coin-operated laundry machines.

Part I, Line 16 Other Expense: Includes office supplies, database subscription, insurance, kitchen equipment & supplies, membership & fees, office equipment (excluding copier expense on Line 15), program expenses from classes, activities, and student orientation events, pantry, refreshments for classes, and misc. expenses from staff appreciation gifts, and CPA fee for grant application.

Part I, Line 20 Other changes in Net Assets. Includes adjustment from correction of office & kitchen supplies expense in 2015.

Part II, Line 26 Total Liabilities: Includes security deposits for tenants and facility rentals and payroll liabilities.

Part III, Line 29: Benefitted 3,000-3,500 persons per year.

Part III, Line 30: Benefitted 2,500-2,800 persons per year

Multiple horizontal dashed lines for providing additional information.