Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2020

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

B Obsect respectable Continue of organization Section	A F	or the	2020 calenda	ar year, or tax year beginning	JANUARY 1ST	, 2020, an	d ending	DECE	MBER	₹ 31ST ,	20 20			
Number and steres (or P,O box if mail is not delivered to street address)	B Check if applicable			C Name of organization 3				D Employer identification number			umber 🥐			
International Content Conte		Address o	change	SHEET METAL, AIR, RAIL & TRAN	29				426000354					
Plant equivarientermated Plant equivarientermated Plant		Name cha	ange	Number and street (or P.O box if mail is	.?, R	oom/suite	E Telepi	Telephone number						
Amaded return princing G Accounting Method:	=			105 DIVISION ST					71	12-830-0538				
Application presenting BOONE, IA 50036	=			City or town, state or province, country, a	•		F Grou	р Ехе	mption					
According Method: □ Cash Accrual Other (specify)	=			BOONE, IA 50036		(95	Num	ber l	▶ 🖸 6122				
Website:				✓ Cash ☐ Accrual Other (sp	ecify) ►		Н	Check •	ieck ▶ ☑ if the organization is not					
Form of organization.	ı V	Vebsite	e: >		•									
L Add lines Sb, 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Revenue, Expenses, and Changes in Net Assets of Institutions and Contracts 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	J T	ах-ехег	npt status (che	eck only one) — 501(c)(3) 🗹 501(c	e) () ◀ (insert no.) ☐ 49	947(a)(1) or	527	(Form 99	3 0, 99	0-EZ, or 990-	-PF). •			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Contributions, gifts, grants, and similar amounts received 1	KF	orm of	organization.											
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						00,000 or mo	e, or if tota	assets		***				
Check if the organization used Schedule O to respond to any question in this Part I	(Par	rt II, col						• •	▶ \$	<u>; </u>				
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	ž										47,778			
	For							1	_=:	Form 990				



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? P	art II	Balance Sheets (see the instructions		_				
		Check if the organization used Schedu	le O to respond to a	ny question in this			<u>.</u>	
				-	(A) Beginning of year		End of year	
22		, savings, and investments			32,240		47,778	
23		and buildings				23	0	
24		r assets (describe in Schedule O)		· · · · · .		24	0	
25		l assets			32,240		47,778	
26		I liabilities (describe in Schedule O) .	· · · · · · · · · · · · · · · · · · ·			26	0	
27		assets or fund balances (line 27 of colum			32,240	27	47,778	
	irt III	Statement of Program Service According to Check if the organization used Schedu				F	xpenses	
14/6	-4 !- 4		ie O to respond to a	ny question in this	Part III		d for section	
		organization's primary exempt purpose?) and 501(c)(4)	
		e organization's program service accomp				organiza others.)	ations, optional foi	
as	measure	d by expenses. In a clear and concise refited, and other relevant information for	manner, describe in	e services provided	, the number of	Others.,		
28		lented, and other relevant information for	each program title.					
2 0								
?	(Grants	\$ \$) If this amoun	nt includes foreign gra	ants check here	▶ □	28a		
29		, ii and amoun	it inolades foreign gri	anto, oncorrioro .				
								
	(Grants	s\$) If this amour	nt includes foreign gra	ants, check here	• 🗖	29a		
30	<u>. </u>	, ii alio dillodi	gg					
						- 1		
	(Grants	▶ □	30a					
31	<u> </u>	program services (describe in Schedule O						
	(Grants	-	nt includes foreign gra	ants, check here .	▶ □	31a		
32	Total p	program service expenses (add lines 28a	through 31a)		>	32		
Pa	rt IV	List of Officers, Directors, Trustees, and K	ey Employees (list eac	h one even if not comp	ensated - see the in	structio	ns for Part IV)	
		Check if the organization used Schedu	e O to respond to a	, 	Part IV	<u></u>	<u> </u>	
		_	(b) Average	(c) Reportable 2	(d) Health benefits, contributions to employe	a (a) Est	mated amount of	
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			r compensation	
			devoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>		
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VIC	E LC			2,532		<u> </u>	121	
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JAY W TURNER VICE LC

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orm s	Polone	Sheets (see the		or Part II) O to respond to a	ny auestion in this	Part II		
Pai		the organization						
	Crieck if	the organization	i used Schedule	o to respond to a	Try question in this	(A) Beginning of year	1 -	(B) End of year
22	Cash savings	, and investments	•		t	(A) Deginning or year	22	(2) Elio di year
23	_						23	
24		describe in Sched					24	
25	•		•				25	
26							26	
27		•	•	(B) must agree wit	-		27	
Pari				plishments (see th		Part III)	-	
	Check if	the organization	used Schedule	O to respond to a	ny question in this	Part III [Expenses
Nhat	t is the organizati	on's primary exe	mpt purpose?					quired for section (c)(3) and 501(c)(4)
as m	neasured by exp	enses. In a clea	r and concise m	shments for each on nanner, describe the ach program title.			org	anizations; optiona ers.)
28								
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	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ Ц</u>	28	a
29								
	ī			includes foreign are	unta abaak bara		298	_
30	(Grants \$			includes foreign gra		· · · · ·	298	a
30							İ	
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31	Other program s	ervices (describe	ın Schedule O)				30:	
31	Other program s	ervices (describe	in Schedule O)) If this amount	ncludes foreign gra		 ▶ □		3
31 32	Other program s (Grants \$ Total program s	ervices (describe service expense	e in Schedule O)) If this amount is (add lines 28a t		nts, check here .		31a	3
31 32	Other program s (Grants \$ Total program s LIV List of Of	ervices (describe service expênse ficers, Directors, "	e in Schedule O)) If this amount is (add lines 28a t Trustees, and Key	includes foreign gra through 31a)	nts, check here .	pensated—see the	31a 32	a ctions for Part I
31	Other program s (Grants \$ Total program s IV List of Of Check if	ervices (describe service expênse ficers, Directors, "	e in Schedule O)) If this amount is (add lines 28a t Trustees, and Key	includes foreign gra through 31a) r Employees (list each	nts, check here .	pensated—see the Part IV	31a 32 instru	ctions for Part I
31 32 Part	Other program s (Grants \$ Total program s IV List of Of Check if	services (describe service expénse ficers, Directors, the organization	e in Schedule O)) If this amount is (add lines 28a t Trustees, and Key	includes foreign grathrough 31a). r Employees (list each O to respond to an (b) Average hours per week	nnts, check here n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the Part IV	31a 32 instru	ctions for Part I
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• •	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi				•
		monation of the try chock in the digametric transfer to the try quantity in		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	33		v	_
12,	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	34		>	
	35a		35a		<i>y</i>	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		У У	•
	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	36		·	2,
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year?	37b 38a		7	7
	39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved			-	1.944
	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			2
	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				_
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	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		<u></u>	
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ► Located at ► ZIP + 4 ►				
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
		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 ▶	42b		<u> </u>	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	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		~	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	- □	
	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	Yes	No	
	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		•	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 		V	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a		✓ 	
		Form 990-EZ. See instructions	45b	-	•	

Form 99	10-EZ (2	020)						P	age 4
46		ne organization engage, directly or in						Yes	No
Part	VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s Only s must answer que	stions 47-49b an	d 52, and co	omplete the	• • •	or line	es
		Check if the organization used Sci	redule O to respond	rto arry question in	Tulio Fait VI			Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec					~
48	is the	organization a school as described it	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule E		48		~
49a		ne organization make any transfers t					49a		~
ь 50	Com	es," was the related organization a se plete this table for the organization's oyees) who each received more thar	five highest compens	sated employees (d	ther than offi	cers, directoi			
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans	n benefits,	(e) Estimate other con	ed amou	unt of
51	Comp \$100	number of other employees paid over plete this table for the organization, 000 of compensation from the organ Name and business address of each independent	s five highest compenies five highest compenies for the second se	ensated independe		<u> </u>	received Compensati		than
					.,, , ,				
d 52	Did 1	number of other independent contra the organization complete Schedu eleted Schedule A	_		.▶ ganizations r	nust attach	a · 🔲 Yes		
Under potrue, cor	enalties rect, an	of perjury, I declare that I have examined this of complete. Declaration of prepares other than	etum, including accompant officer) is based on all info	ying schedules and state irmation of which prepare	ments, and to the er has any knowle	best of my kno	wledge and	bellef,	it ıs
Sign		Signature of officer			Da	te // >	1		
Here	2	Thomas Habben Type or print name and title	Secreta	y/Treasur	rer	4-2	6 -2	<u> </u>	
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check : self-employe	PTIN ed		
Use (Firm's name ▶			Fin	m's EIN ▶			
		Firm's address ►		maturiation -	Ph	one no			
wav th	ie IHS	discuss this return with the preparer	snown above? See I	nstructions			· 🔲 Yes	111	No O