Form <b>990-T</b>	', E	Exempt Organization Bus	sine	ss Income 1	Γax Returi	$n_{zz}$	OMB No 1545-0687
	<b>l</b> .	(and proxy tax und	er se	ction 6033(e))	190	ŋΥ).]	0040
. ••	For ca	lendar year 2018 or other tax year beginning ${\ \overline{\mathtt{SEP}}\ 1}$ ,	20	18 , and ending $A$ [	JG 31, 20	<u>1.9</u> /	<b>2</b> 018
Department of the Treasury Internal Revenue Service	•	► Go to www irs gov/Form990T for ir - Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name of	hanged	and see instructions )	, , , , , , , , , , , , , , , , , , ,	(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	DES MOINES COMMUNITY P	LAYI	HOUSE '		4	2-0710259
$X = 501(c^{9}(3))$	or	Number, street, and room or suite no. If a P.O bo			. '	E Unre	lated business activity code instructions )
408(e)220(e)	Туре	831 42ND ST				1 (366	instructions )
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of DES MOINES, IA 50312	r foreig	n postal code	•	Π.	
Book value of all assets		F Group exemption number (See instructions.)	<u> </u>		-	1	•
at end of year 9,885,3	81.	G Check organization type ► X 501(c) corp	poration	501(c) trust	4016	a) trust	Other trust
***************************************		tion's unrelated trades or businesses	1		e the only (or first) u		
trade or business here	•				e, complete Parts I-V		
· · · · · · · · · · · · · · · · · · ·		ice at the end of the previous sentence, complete Pa	irts I an				
business, then complete				,	•	,	· •
I During the tax year, was	the corp	poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	<b>•</b>	Y	es X No
If "Yes," enter the name a	ind ident	tifying number of the parent corporation			••		,
		DES MOINES COMMUNITY PL	AYHO	OUSE Telepi	hone number 🕨	515-	255-3741
Part Unrelated	d Trac	de or Business Income		(A) Income	(B) Expense	es 🕹	(C) Net
1 a Gross receipts or sale	s .						
b Less returns and allow	vances	c Balance	1c	•			
2 Cost of goods sold (S		• •	2		ATTICAL PROPERTY.	L'ME	
3 Gross profit Subtract			3		era Januarian		
4 a Capital gain net incom	•	· · · · · · · · · · · · · · · · · · ·	4a		De la companya de la		
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
<ul> <li>c Capital loss deduction</li> </ul>			4c		400000000000000000000000000000000000000	Point P	
		ship or an S corporation (attach statement)	5		S. Walion		
6 Rent income (Schedul		• :	6 ·			<u>,                                     </u>	
7 Unrelated debt-finance		•	7				-
-		nd rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9	٠			
10 Exploited exempt activ	•	•	10		· ·		
11 Advertising income (S		•	11		5.6.05.0.7 m.1.0.2003.000.000.000	T-1900562P+80	
12 Other income (See ins		•	12			10 (2 0 m)	
13 Total. Combine lines		gn 12 ot Taken Elsewhere (See instructions fo	13	0.			
		utions, deductions must be directly connected					
14 Compensation of offi	icers, dii	rectors, and trustees (Schedule K)				14	
15 Salaries and wages		·	ſ	EBEARN		15	<u> </u>
16 Repairs and maintena	ance		i li	RECEIV	ED .	16	
17 Bad debts			1	7)	S	17	•
' 18 Interest (attach sched	dule) (se	ee instructions)	Id	VI IAN 1 0 21	1 🔿 1	18	
19 Taxes and licenses			13	#! AUIL + A TI	, S	19	
•		e instructions for limitation rules) -	1	AADEU		20	
21 Depreciation (attach l		•	1	OGDEN.	- AK		<u> </u>  ,
	ilmeā or	Schedule A and elsewhere on return	-	[22a]		22b	
23 Depletion					•	23	
24 Contributions to defe		inpensation plans				24	<del></del>
25 Employee benefit pro	-	hadula IX				25	
• 26 Excess exempt expen	•				•	26	
<ul><li>27 Excess readership co</li><li>28 Other deductions (att</li></ul>			•			27	
					•	28	0.
29 Total deductions Ac			t luna OC	) from line 12	_	29	0.
		ncome before net operating loss deduction. Subtract				30	
		oss arising in tax years beginning on or after Janual scome Subtract line 31 from line 30	y 1, 20	io (see ilistractions)		31	. 0.
OF OHIERATER DROUGS TO	יישחום ון	POSTING OUDINACTING OF HOITH HIRE OF				<u> </u>	<u> </u>

823701 01-09-19 LHA. For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2018)

Form 990-	BEB HOTHER CONTINUEDE		42-071	0259	Page 2
(Part)	Total Unrelated Business Taxable Income				
33 `	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	0.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions) S	TMT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	-			
	lines 33 and 34		20	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		111	37	1,000.
	•	26		3/	
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line enter the smaller of zero or line 36.	30,			0
Dacti	Tax Computation			38	0.
				ı <del></del>	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)		<b>•</b>	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 38 from			
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40	
41	Proxy tax See instructions		<b>&gt;</b>	_41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part\	Tax and Payments			·	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
0	·				
C .	General business credit. Attach Form 3800	45c			
a	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44	<del>/</del>		46	0.
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 88	166 L Other	(attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
С	Tax deposited with Form 8868	50c			
	Foreign organizations. Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e	•	. <b>.</b>	
	Credit for small employer health insurance premiums (attach Form 8941)			\$4 gent	
	<del></del>	_ 50f		Jan 19	
9	Other credits, adjustments, and payments Form 2439	1		3.60	
	Form 4136 Other Total ▶	50g			
	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52	· · · · · · · · · · · · · · · · · · ·
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		<b>&gt;</b>	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		funded 🕨	55	
Part N	Statements Regarding Certain Activities and Other Informatio	n (see instru	ictions)		-
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other authori	ty		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				\$ 42 Y
	here <b>&gt;</b>	,			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	aneferor to a fo	reign truet2		$-\frac{1}{x}$
0,	If "Yes," see instructions for other forms the organization may have to file	ansieror to, a ro	reigh trust		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				do a la la
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the	hest of my knowled	ne and belief it is	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any knowledg	e	ige and belief, it is	iide,
Here	1-2-00 November 1-2-00 Novembe		Ma	y the IRS discuss	this return with
	Supplying of officery Date Date	VE DIKE		preparer shown	
	Signature of officer Date Title	<del></del> ,	ins	tructions)? X	Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check if	PTIN	
Paid	$\left( \begin{array}{c c} & A & A & A \end{array} \right)$	malic	self- employed		
Prepa	rer THOMAS O. WELCHANS   Welcham   M	1/23/19		P0133	33675
Use C	I	· · · · · · · · · · · · · · · · · · ·	Firm's EIN		794029
J36 (	1601 22ND STREET, SUITE 400				· · ·
	Firm's address ► WEST DES MOINES, IA 50266-1453		Phone no 5	15-225-	-8400
823711 01-					990-T (2018)
				FUIT	(2010)

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	aluation 🕨 N/A				_
1 Inventory at beginning of year	1		1	Inventory at end of year			6	_
2 Purchases	2	7 Cost of goods sold Subt				ine 6		_
3 Cost of labor	3		1	from line 5 Enter here		198		
4 a Additional section 263A costs		-	1	line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No	<del>-</del>
<b>b</b> Other costs (attach schedule)	4b		1 "	property produced or a	-			
_5 Total Add lines 1 through 4b	5		1	the organization?	zoquii ou	To recally apply to		(de-
Schedule C - Rent Income		Property and	Pers		ease	d With Real Prope	rtv)	—
(see instructions)		. opolity alla				а ттал тошт торо	. •91	
1 Description of property	<u> </u>							_
(1)		<del></del>		<del>-</del>		<del></del>		
(2)								
(3)								
(4)								_
		ed or accrued				3(a) Deductions directly of	onnected with the income in	
(a) From personal property (if the personal property is more 10% but not more than 50%)	centage of than	` ' of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)	
(1)			-					
(2)								_
(3)								_
(4)								_
Total	0.	Total			0.		<del></del> -	_
(c) Total income Add totals of columns	2(a) and 2(b) En	ter				(b) Total deductions		
here and on page 1, Part I, line 6, column					0.	Enter here and on page 1, Part I, line 6, column (B)	• 0	١.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		· · · · · · · · · · · · · · · · · · ·		<u> </u>
		·	2	Gross income from		3 Deductions directly conne to debt-financed		_
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	_
(1)								
(2)			<u> </u>					
(3)								
_(4)							_	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	Allocable deductions (column 6 x total of columns 3(a) and 3(b))	s
(1)				%				_
(2)				%		<del>-</del> ·		_
(3)		-		%				_
(4)			1	%				
		<del></del>	1			nter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	_
Totals						0.	1	i
Totals Total dyudends-recoved deductions up	oludad in oolumn	Q		•		<u> </u>		·-
Total dividends-received deductions in	- COLUMN	0					<u>.                                    </u>	÷

Schedule F'- Interest,	Annuities, Roya	ties, and	Rents	From Co	ntrolle	d Organiza	tions	see ins	structions	
•			Exempt (	Controlled O	rganızat	ions				
1 Name of controlled organizat	identi	nployer fication nber -		elated income instructions)		tal of specified a ments made	includ	rt of column 4 led in the conti cation's gross	rolling	6 Deductions directly connected with income in column 5
(1)	<del></del>					· · · · · · · · · · · · · · · · · · ·			<del>-  -</del>	
, (1)	<del></del> -								<del>-  -</del>	<u> </u>
<u>(2)</u> ~ (3) }	<del></del>		-		١.	<del></del> .			-,	<u> </u>
_(0)	<del></del>				•		-			· -
(4) Nonexempt Controlled Organi	zatione		,		<u> </u>		<u> </u>			<u> </u>
7 Taxable Income	' & Net unrelated inco	me (loss)	9 Total	of specified payr	nente	10 Part of colur	na O tha	t un unalizadad	11 0-	
1	(see instruction		, y Total	made	nents	in the controlli		nization's		ductions directly connected income in column 10
(4)										<del></del>
(1)			• •			<u> </u>				
(2)	· ·									•
(3)									,	<u> </u>
(4)									. '	
• • •		-		•		Add colum Enter here and Ine 8 c		e 1, Part I'	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totale	•		•					0.		
Schedule G - Investme	nt Incomo of a	Soction	501/0)/7	) (0) or (	17\ 0×	· ·		0.		0.
(see insti		,	301(0)(7	), (a), or (	i <i>r)</i> Or	yanızatıon	•			
(300 1131)	140110113)	•				3 Deduction		1	-	5 Total deductions
1 . Desc	cription of income		•	2 Amount of	income	directly conne	cted	4 - Set-	asides schedule)	and set-asides in
(1)	<u> </u>	<u>-</u>				(attach sched	uie)	,		(col 3 plus col 4)
(2)								<u> </u>		<del></del>
(3)	•		,					<u></u>		
• (4)			• .			<del></del>			<del></del> -	
• (4)	<del></del>			Enter here and	on page 1.					Enter here and on page 1,
Tabele				Part I, line 9, co						Part I, line 9, column (B)
Totals Schedule I - Exploited	Evennt Activity	Incomo	Other	Than Adı	ortinir		o e en est	eleniar e e		<u>* 0.</u>
(see instru		, iliconie	, Other	Illali Auv	ei tisii	ig income	,	,		
(see many	1			4				ī ···	•	<del>,</del>
Description of exploited activity , ,	2 Gross unrelated business income from trade or business	3 Exp directly co with pro- of unre business	onnected duction elated	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	' 6 Exp attribut colur	able to	• 7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)	,		•				_			•
(2)	-	•	•					•	4 +	
(3)								-		•
(4)	,						•		•	•
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals -	0.		0.				## @			.0.
Schedule J - Advertision		instruction			<u> </u>	•				
Randla Income From I	Periodicals Rep	orted on	a Cons	olidated	Basis		•			·
1 Name of periodical	2 Gross advertising income.		Direct rtising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5 Circulat income	ion ,	6 Reade cost		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)								-	·	
(2)			•					_		
(3) ,		1							1	
(4)		1,	··							
Totals (carry to Part II, line (5))	<b>•</b>	0.	0	Same all problem AND ALL	£					· · · · · · · · · · · · · · · · · · ·
rotate (our y to r art ii, inic (o))	<u>- 1</u>	<u>~ • 1</u>		<u>- 1</u>						Form 990-T (2018)

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Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus 7 Excess readership costs (column 6 minus 2 Gross advertising 3 Direct 5 Circulation 6 Readership 1 Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more than column 4) advertising costs ıncome costs ıncome (1) (2) (3) (4) • 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part II line 27 Enter here and on page 1, Part I, line 11, col (B) 0. Totals, Part II (lines 1-5) 0 0

Schedule K - Compensation of Officers, Directors, and Trustees (see	e instructions)
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1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	· · · · · · · · · · · · · · · · · · ·	%	
(2)		%	
(3)		%	
(4)	_	%	
Total Enter here and on page 1, Part II, line 14	•	<b></b>	0.

Form 990-T (2018)

FORM. 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/99 07/31/00	2,754. 4,561.	1,398.	1,356. 4,561.	1,356. 4,561.
NOL CARRYO	VER AVAILABLE THIS	YEAR	5,917.	5,917.