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K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 91,302

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	80,680
	4	Investment income	4	637
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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 exceed \$15,000)		
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	9,985	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,302	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	53,640
	14	Occupancy, rent, utilities, and maintenance	14	1,800
	15	Printing, publications, postage, and shipping	15	540
	16	Other expenses (describe in Schedule O)	16	109,928
	17	Total expenses. Add lines 10 through 16	17	165,908
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-74,606
	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	223,078
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	148,472

Part II

Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	223,078	22	148,472
23	Land and buildings		23	0
24	Other assets (describe in Schedule O)		24	
25	Total assets	223,078	25	148,472
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	223,078	27	148,472

Part III

Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? THE PURPOSE OF DES MOINES CONSTRUCTION COUNCIL INC IS TO PROMOTE AND FACILITATE THE CONTRACTING AND CONSTRUCTION BUSINESS IN THE DES MOINES, IOWA AREA		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 NEGOTIATE COLLECTIVE BARGAINING AGREEMENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0
29 MONITOR LABOR DISPUTES (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		29a	0
30 REPRESENT 28 COMPANIES MONITORING LABOR RELATIONS AND ADVISING ON LABOR DISPUTES (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		30a	0
31 Other program services (describe in Schedule O) . . . ☐ (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a) . . . ☐		32	

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

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		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
37b	b Did the organization file Form 1120-POL for this year?		
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?		No
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	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 ▶, section 4912 ▶, section 4955 ▶		
40b	b Section 501(c)(3) and 501(c)(4) 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	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		No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ LAURIE DELMOTT Telephone no ▶ (515) 288-0289 221 PARK STREET Located at ▶ DES MOINES, IA ZIP + 4 ▶ 50309		
42b	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		No
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 ▶	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	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		No
44c	c Did the organization receive any payments for indoor tanning services during the year?		No
44d	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		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

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

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(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 and 4947(a)(1) nonexempt charitable trusts 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		2012-04-27 Date		
	LAURIE DELMOTT EXECUTIVE OFFICE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	VIRGINIA M STRIEGEL	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MCGLADREY & PULLEN LLP 400 LOCUST ST STE 640 DES MOINES, IA 503092354			EIN
					Phone no (515) 558-6600

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes☐ No

Additional Data

Software ID:
Software Version:
EIN: 42-1323345
Name: DES MOINES CONSTRUCTION COUNCIL

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MIKE VESEY 221 PARK STREET DES MOINES,IA 50309	PRESIDENT 1 00	0	0	0
CHUCK FOLLETT 221 PARK STREET DES MOINES,IA 50309	VICE PRESIDENT 1 00	0	0	0
STEVE SMITH 221 PARK STREET DES MOINES,IA 50309	TREASURER 1 00	0	0	0
MARSHALL LINN 221 PARK STREET DES MOINES,IA 50309	SECRETARY 1 00	0	0	0
DICK FELICE 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
STEVE FERGUSON 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
KEVIN SPOONER 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
TOM SCHLOTFELDT 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
MIKE TOUSLEY 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
SCOTT TURCZYNSKI 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
CRAIG FABER 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0
STEVE HAUSCHILT 221 PARK STREET DES MOINES,IA 50309	DIRECTOR 1 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization DES MOINES CONSTRUCTION COUNCIL	Employer identification number 42-1323345
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 637

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 3,385 DESCRIPTION TRAINING AMOUNT 6,600 TOTAL TO FORM 990-EZ, LINE 8 9,985

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONTRACT LABOR AMOUNT 90,763 DESCRIPTION OFFICE SUPPLIES AMOUNT 30 DESCRIPTION TELEPHONE AMOUNT 3,224 DESCRIPTION MEETINGS AMOUNT 4,420 DESCRIPTION TRAVEL EXPENSES AMOUNT 1,891 DESCRIPTION BANK CHARGES AMOUNT 2,517 DESCRIPTION LABOR COMMITTEE AMOUNT 7,083 TOTAL TO FORM 990-EZ, LINE 16 109,928

Identifier	Return Reference	Explanation
		FORM 990EZ, PART IV THE COMPENSATION REPORTED REPRESENTS THE 2010 FORM W-2 EARNINGS THIS AMOUNT REPRESENTS BOTH 50% CONTRACTUAL SERVICES TO DES MOINES CONSTRUCTION COUNCIL AND 50% SERVICES TO MASTER BUILDERS OF IOWA

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: DES MOINES CONSTRUCTION COUNCIL

EIN: 42-1323345

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.