

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

### A For the 2023 calendar year, or tax year beginning , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HISTORIC VALLEY JUNCTION FOUNDATION</b>		<b>D</b> Employer identification number <b>42-1338090</b>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>137 5TH STREET</b>		<b>E</b> Telephone number <b>515-222-3642</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WEST DES MOINES IA 50265</b>		<b>G</b> Gross receipts \$ <b>502,155</b>
	<b>F</b> Name and address of principal officer: <b>STEPH TRANNEL</b> <b>137 5TH ST</b> <b>WEST DES MOINES IA 50265</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.VALLEYJUNCTION.COM</b>		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>IA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

### Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE AND ENHANCE THE EVOLUTION OF THE ORIGINAL HISTORIC VALLEY JUNCTION DISTRICT BY PRESERVING AND SHARING THE HISTORY, ATTRACTING AND SUPPORTING SMALL BUSINESSES, AND ENGAGING AND CONNECTING THE COMMUNITY.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
Revenue	8	Prior Year	Current Year
	9	185,424	174,603
	10	280,521	327,330
	11	271	222
	12	466,216	502,155
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		150,955	168,265
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25)	
17		297,816	390,114
18	448,771	558,379	
19	17,445	-56,224	
Net Assets or Fund Balances	20	Beginning of Current Year	End of Year
	21	398,381	344,064
	22	15,460	17,367
22	382,921	326,697	

### Part II Signature Block

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	
	<b>JASON KEIGLEY</b> Type or print name and title		<b>TREASURER</b>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	<b>ANNE T. ELLIOTT, CPA</b>	<b>ANNE T. ELLIOTT, CPA</b>	<b>02/28/24</b>	self-employed <b>P00160840</b>
	Firm's name	Firm's EIN	Phone no.	
<b>THORNTREE CPA SERVICES LLC</b>		<b>87-2222846</b>	<b>515-727-6218</b>	
Firm's address				
<b>5623 NW 86TH ST STE 400</b>				
<b>JOHNSTON, IA 50131-2956</b>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission:

TO INSPIRE AND ENHANCE THE EVOLUTION OF THE ORIGINAL HISTORIC VALLEY JUNCTION DISTRICT BY PRESERVING AND SHARING THE HISTORY, ATTRACTING AND SUPPORTING SMALL BUSINESSES, AND ENGAGING AND CONNECTING THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 477,911 including grants of \$ ) (Revenue \$ 327,330 )

THE ORGANIZATION HOSTS SPECIAL EVENTS THROUGHOUT THE YEAR TO PROMOTE AND REVITALIZE THE HISTORIC VALLEY JUNCTION AREA OF WEST DES MOINES, IOWA. SOME OF THESE EVENTS INCLUDE MUSIC IN THE JUNCTION, FARMERS' MARKET, JINGLE IN THE JUNCTION, JULY 3RD STREET PARTY, CINCO DE MAYO, ANTIQUE JAMBOREE AND THE ART MARKET. MANY OF THESE VENUES PROVIDE FAMILY FRIENDLY ACTIVITIES TO ENHANCE COMMUNITY INVOLVMENT AND TO SHOWCASE THE HISTORIC ARCHITECTURE OF THE COMMUNITY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,030 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 479,941

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 17 main rows and sub-rows (a, b, c, etc.) for each. Columns include question text, a grid for 'Yes' and 'No' responses, and a column for numerical answers. Row 2a contains the number '4'. Rows 2b, 3a, 3b, 4a, 5a, 5b, 6a, 7a, 7b, 7c, 7e, 7f, 7g, 7h, 8, 9a, 9b, 12a, 12b, 13a, 14a, 14b, 15, 16, and 17 have 'X' marks in the 'Yes' or 'No' columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with columns for line number, response (Yes/No), and description. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line number, response (Yes/No), and description. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

HISTORIC VALLEY JUNCTION FOUNDATION 137 5TH STREET WEST DES MOINES IA 50265 515-222-3642