Department of the Treasury

PUBLIC DISCLOSURE COPY

## Return of Organization Exempt From Income Tax

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 for instructions and the latest information.

OMB No. 1545-0047

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NEBRASKA JOURNALISM TRUST Name change 86-3968316 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 31436 402-302-0066 2,368,321. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return OMAHA, NE 68131 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LYNN ROPER for subordinates? ..... Yes X No 1805 N 59TH STREET, OMAHA, NE 68104 \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: NEBRASKAJOURNALISMTRUST.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 2021 M State of legal domicile: NE Association Part I Summary Briefly describe the organization's mission or most significant activities: TO UNCOVER TRUTH, AMPLIFY **Activities & Governance** DIVERSE VOICES, AND ENRICH LIFE IN NEBRASKA. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 2,092,912. 2,342,238. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 5,848. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 110. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,309. 11 2.093.022. 2,339,777 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 405,782. 802,505. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 85,189. 23,634. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 204,215. 343,809. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 633,631. 1,231,503. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,459,391. 1,108,274. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,601,400. 3,484,511 Total assets (Part X, line 16) 281,913. 56,750. 21 Total liabilities (Part X, line 26) 三年 319,487. 427,761 22 Net assets or fund balances. Subtract line 21 from line 20 ...... 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. Signature of officer Date Sign YNN ROPER, BOARD CHAIR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MIKE MULLER 11/15/24 P01798781 MIKE MULLER Paid self-employed Firm's EIN 47-0698853 Firm's name **BLAND & ASSOCIATES** Preparer Firm's address 450 REGENCY PARKWAY Use Only Phone no. 402.397.8822 OMAHA, NE 68114 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	rt 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 UNCOVER TRUTH, AMPLIFY DIVERSE VOICES, AND ENRICH LIFE IN NEBRASKA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 838, 287 • including grants of \$) (Revenue \$ 485 •)
4a	(Code:) (Expenses \$838, 287. including grants of \$) (Revenue \$\$ 485.  OUR FLAGSHIP PUBLICATION, THE FLATWATER FREE PRESS, IS NEBRASKA'S FIRST
	INDEPENDENT, NONPROFIT, NONPARTISAN NEWS OUTLET. THE FLATWATER FREE
	PRESS PRODUCES STORIES WITH DEPTH AND IMPACT FOR NEBRASKANS FROM ALL
	WALKS OF LIFE, FROM THE PANHANDLE TO THE MISSOURI RIVER. OUR GROWING
	TEAM OF EXPERIENCED JOURNALISTS ADHERES TO THE HIGHEST STANDARDS AND
	IDEALS OF JOURNALISM. THEY DIG DEEP INTO THE ISSUES, EXPLORE ALL
	PERSPECTIVES, RIGOROUSLY CHECK AND RE-CHECK THE FACTS, AND SEEK
	SOLUTIONS - NOT JUST PROBLEMS. THEY TELL COMPELLING STORIES THAT
	EVERYDAY NEBRASKANS CARE ABOUT. THESE STORIES HELP NEBRASKANS
	UNDERSTAND THE ISSUES AND ONE ANOTHER. THE FLATWATER FREE PRESS
	PUBLISHES A WEBSITE AND FREE WEEKLY E-MAIL NEWSLETTER, AND IT
	DISTRIBUTES STORIES AND PHOTOS FREELY TO PARTNERING NEWS OUTLETS ACROSS
4b	(Code:) (Expenses \$
	<del> </del>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4 - '	Other program continue (Deceribe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

838,287.

**4e** Total program service expenses

Form 990 (2023) NEBRASKA JOURNALISM TRUST
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 22		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	J			

Form 990 (2023) NEBRASKA JOURNALISM TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
<b>~</b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		Х
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2023)

NEBRASKA JOURNALISM TRUST

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

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return		77	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Bank and Figure 1940 Associate (FRAR)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5a_ 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ou	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  11a			
а	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4047(aV1) non-exempt charitable trusts. Is the exemptation filing Form 900 in liquid Form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) NEBRASKA JOURNALISM TRUST 86-3968316 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below

	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b 40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Λ
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes." describe</i>	12b		
С		12c		
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	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			
	ELLEN RODGERS - 402-302-0066			_
	1805 N 59TH STREET OMAHA NE 68104			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	l					out	(D)	(E)	(F)
Clist any hours for related organizations below line)   Figure 1		Average hours per	box	(do not check more than one box, unless person is both an				n an	Reportable compensation	compensation	Estimated amount of
MATT WYNN		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
Caroling   Caroling		40.00	1								_
BOARD CHAIR		1 00			X				102,198.	0.	0.
Column   C		1.00	<b>.</b>		₹.					0	0
X		1 00	Δ		^				0.	0.	<u> </u>
Color of the col		1.00	v		~				0	0	0.
X   X   0. 0. 0. 0. 0.		1 00	Δ		^				0.	0.	<u> </u>
DIRECTOR   X		1.00	x		x				0.	0.	0.
DIRECTOR   X		1.00									
Column	DIRECTOR		х						0.	0.	0.
DIRECTOR   X	(6) KENT WARNEKE	1.00							-	-	-
The content of the	DIRECTOR		Х						0.	0.	0.
(8) CAROL WANG     1.00       DIRECTOR     X       (9) JO GILES     1.00       DIRECTOR     X       (10) MARICIA MARQUEZ     1.00	(7) ANDY POLLOCK	1.00									
DIRECTOR   X   0. 0. 0   0   0   (9) JO GILES   1.00   X   0. 0. 0   0   0   0   0   0   0   0	DIRECTOR		Х						0.	0.	0.
(9) JO GILES DIRECTOR X 0. 0. 0  (10) MARICIA MARQUEZ 1.00		1.00									
DIRECTOR X 0. 0. 0  (10) MARICIA MARQUEZ 1.00			Х						0.	0.	0.
(10) MARICIA MARQUEZ 1.00	, , , , , , , , , , , , , , , , , , , ,	1.00	1								
			X						0.	0.	0.
DIRECTOR X U.		1.00								•	•
	DIRECTOR		Х	_			_		0.	0.	0.

332007 12-21-23 Form **990** (2023)

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is botl	n an	compensation	compensatio	- 1	an	nount	of
		week (list any		T		II COLO	1744 43	100)	from	from related	- 1		other	
		hours for	Individual trustee or director						the	organization (W-2/1099-MIS			pensa om the	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	) 		anizati	
		organizations	ruste	ll trus		ee.	mpen		1099-NEC)	1099-1120)		_	d relati	
		below	dual t	Institutional trustee		n ploy	st co	er	1335 . 125,				anizatio	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				Ū		
			1											
	Octobril								102,198.		0.			0.
	Subtotal Tatal from a partition of the Dark VI								0.		0.			0.
C									102,198.		0.			0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but n								•	L 000 of reportable				<u> </u>
_	compensation from the organization	ot miniou to th	000	11010	o un	,000	, ***	010	de la	ooo or reportable	,			1
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, ł	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su											_		37
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•			5		Х
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	ipiete Scriedule	9 J T	or st	JCN Į	oers	on					<u> </u>	!	
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	5100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A) Name and business address NONE  (B) Description of services C										))		_	
	Name and business	address	N	ЭИЬ	<u> </u>				Description of s	ervices		ompe	nsatio	1
								$\dashv$						
_														
2	Total number of independent contractors (in		ot lir	nited	d to	_		ted	above) who received me	ore than				
	\$100,000 of compensation from the organic	zation				(	1							

86-3968316

			Check if Schedule O	ontair	ns a resp	onse (	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns		1a						
ran uni		b									
Ω. E		С	Fundraising events								
ifts ar A											
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri								
Sign			All other contributions, gifts,								
but			similar amounts not included			2,	342,238.				
Ē		g	Noncash contributions included in I								
a S		h	Total. Add lines 1a-1f					2,342,238.			
							Business Code				
a l	2	а									
Ş		b									
Sel		С									
am eve		d									
Program Service Revenue		е									
P.		f	All other program service	revenu	ie						
	3		Investment income (includ								
								5,848.			5,848.
	4		Income from investment o								
	5		Royalties								
					(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
len/		С	Gain or (loss)	7c							
Be		d	Net gain or (loss)			<u></u> .					
her Revenue	8	а	Gross income from fundraising	ng even	its (not						
₹			including \$		of						
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b	28,544.				
		С	Net income or (loss) from	fundra	ising eve	nt <u>s</u>		-8,794.			-8,794.
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamin	g activitie	es					
	10	а	Gross sales of inventory, le								
			and allowances			10a					
		b	Less: cost of goods sold								
		С	Net income or (loss) from	sales o	of invento	ory					
ွ							Business Code				
on.	11	а	OTHER INCOME				900099	485.	485.	1	
Miscellaneous Revenue		b								ļ	
cell ev		С								ļ	
Mis			All other revenue								
			Total. Add lines 11a-11d					485.			
	12		Total revenue See instruction	ne				2 339 777	1 485.	0.	-2 946.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 102,198. 85,892. 9,062. 7,244. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 579,292. 486,863. 51,366. 41,063. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,080. 70,467. 53,296. 5,091. Other employee benefits 9 50,548. 38,230. 8,666. 3,652. 10 Payroll taxes 11 Fees for services (nonemployees): Management 20,613. 20,613. Legal 19,000. 19,000. Accounting Lobbying 85,189. 85,189. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 109,296. 45,587. 63,709. column (A), amount, list line 11g expenses on Sch O.) 23,780. 12,575. 6,924. 4,281. Advertising and promotion 12 12,087. 3,952. 8,091. 13 Office expenses 14,123. 2,175. 11,948. Information technology 14 Royalties 15 18,045. 29,904. 10,528. 1,331. 16 Occupancy 46,963. 36,161. 8,668. 2.134. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,492. 3,012. 8,480. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 9,714. 9,714. Depreciation, depletion, and amortization ..... 22 15,486. 6,098. 7,784. 1,604. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 31,351. 14,305. 16,764. 282. **DUES & SUBSCRIPTIONS** All other expenses 1,231,503. 838,287. 241,301. 151,915. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,993,410.	1	998,237.
	2	Savings and temporary cash investments			2	1,505,848.
	3	Pledges and grants receivable, net		495,800.	3	877,950.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former offic				
		trustee, key employee, creator or founder, substantial contril	outor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section 4	.958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	D			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	112,190.	14	102,476.	
	15	Other assets. See Part IV, line 11	0.501.400	15	2 121 511	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2,601,400.	16	3,484,511.
	17	Accounts payable and accrued expenses	31,913.	17	56,750.	
	18	Grants payable	250 000	18		
	19	Deferred revenue		250,000.	19	0.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sc			21	
es	22	Loans and other payables to any current or former officer, di				
Liabilities		trustee, key employee, creator or founder, substantial contril	I		20	
Ej.					22	
_	23	Secured mortgages and notes payable to unrelated third par			23	
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to relparties, and other liabilities not included on lines 17-24). Con				
			·		25	
	26	Total liabilities. Add lines 17 through 25		281,913.	25 26	56,750.
	20	Organizations that follow FASB ASC 958, check here	X	201/3131	20	30/7301
es		and complete lines 27, 28, 32, and 33.				
JE B	27	Net assets without donor restrictions		1,691,998.	27	2,357,777.
3ali	28	Net assets with donor restrictions		627,489.	28	1,069,984.
둳		Organizations that do not follow FASB ASC 958, check h		·		
ᆵ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fun			30	
Ass	31	Retained earnings, endowment, accumulated income, or oth			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,319,487.	32	3,427,761.
	33			2,601,400.	33	3,484,511.

Form **990** (2023)

Pa	rt XI │ Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,33	9,7	<u>77.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,23	<u>1,5</u>	<u>03.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,10	8,2	<u>74.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,31	9,4	<u>87.</u>				
5									
6									
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,42	7,7	61.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X	$ldsymbol{ld}}}}}}$				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			Form	990	(2023)				

### **SCHEDULE A**

(Form 990)

**Total** 

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.

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number NEBRASKA JOURNALISM TRUST 86-3968316 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

IIIC	orga	inzation is not a private lound	ation because it is. (i	of lifes i tillough 12, c	I ICCK OF ITY	orie box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
-		city, and state:	•				CA NA 7	, ,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ad by a go	wernmental unit describe	ad in
3				lege of university owned	or operati	ed by a go	verninental unit describe	5 <b>u</b> III
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov						
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general <sub>ا</sub>	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	arant college of agric	ulture (see instructions).	Enter the i	name, citv	. and state of the college	e or
		university:	, ,	,		, ,	,	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receints from
		activities related to its exen						
				•			* *	-
		income and unrelated busin		(less section 511 tax) iro	iii busiiles	ses acqui	red by the organization a	itter June 30, 1975.
		See <b>section 509(a)(2).</b> (Col	•					
11	$\vdash$	An organization organized a	· ·	•	•			
12		An organization organized a	· ·	· · ·	-		•	• •
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supr	oorted
		organization(s). You mus			•			
c		Type III functionally inte	•		in connect	ion with a	and functionally integrate	ed with
Ŭ		its supported organization	= ::				• •	, a man,
d		Type III non-functionally		·				zation(s)
u							• • • • • • • • • • • • • • • • • • • •	
		that is not functionally int	-	•	•		•	veness
		requirement (see instructi	-	- ·				
е	L	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.		
f		ter the number of supported o	•					
g	Pro	ovide the following information			(iv) In the area	unization listed		(-1) A
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			i				i	

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1062150.	2092912.	2342238.	5497300.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			1062150.	2092912.	2342238.	5497300.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1334700.
6	Public support. Subtract line 5 from line 4.						4162600.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(u) 2010	(6) 2020	1062150.	2092912.	2342238.	5497300.
	Gross income from interest,						0 10 7 0 0 0 0
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					5,848.	5,848.
۵	Net income from unrelated business					3,010	3,0101
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				110.	485.	595.
44	Total support. Add lines 7 through 10				110.	403.	5503743.
	Gross receipts from related activities,	eta (esa instructio	) (ma)			12	43,299.
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth toy v			45,255
13	organization, check this box and stor	-		•			X
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	<del>/</del> 0 %
	33 1/3% support test - 2023. If the o						
100	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
174	and if the organization meets the fact	ū					•
	meets the facts-and-circumstances te			-		_	
h	10% -facts-and-circumstances test	-	-	* * *	-	7a and line 15 is:	
D		ū				•	1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu		-	• •	• •		
ΙŐ	Private foundation. If the organization	л ии погспеск а	box on line 13, 16	oa, 100, 1/a, 0r 1/b	, check this box at	iu see instructions	·

# Schedule A (Form 990) 2023 NEBRASKA JOURNALISM TRUST 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  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.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	G		
	6		
	7		
	8		
	9a		
	Ωh		
	9b		
	9с		
	10a		
	10b		
	A (Forn	~ aan)	ついつつ

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	•	perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
<b>4</b> Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
<b>a</b> Avera	age monthly value of securities	1a		
<b>b</b> Avera	age monthly cash balances	1b		
<b>c</b> Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expla	ain in detail in <b>Part VI</b> ):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
<b>5</b> Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
<b>7</b> Reco	veries of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
<b>1</b> Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

	dule A (Form 990) 2023 NEBRASKA JOURI				6-3968316 Page <b>7</b>
Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continue</sub>	ed)	
Sect	on D - Distributions	Current Year			
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

332028 12-21-23 Schedule A (Form 990) 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

NEBRASKA JOURNALISM TRUST

**Employer identification number** 86-3968316

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_	<del></del>				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, or	Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following that n	nake sigr	ificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d	i	Loan or exc	hange progran	n					
b	Scholarly research	е	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	lections and explair	n how th	ey further th	ne organization	's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or other	similar as	ssets				
	to be sold to raise funds rather than to be main	ntained as part of t	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements Comple	te if the	organizatior	n answered "Ye	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodian	n, or other intermed	diary for	contribution	ns or other asse	ets not in	cluded				
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amount	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planatio	n has been	provided in Pa	rt XIII .					
Par	t V Endowment Funds Complete if the	he organization ans	swered "	Yes" on For	m 990, Part IV	, line 10.					
		(a) Current year	(b) F	rior year	(c) Two years	back (d	) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1d	g, column (a	)) held as:	•			•		
а	Board designated or quasi-endowment		%		,						
b	Permanent endowment	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.									
За	Are there endowment funds not in the possess	•	ation tha	t are held ar	nd administere	d for the					
	organization by:	Ü							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati								3b		
4	Describe in Part XIII the intended uses of the co										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990, I	Part X, lin	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Bool	k value	
		basis (investr	ment)	basis	(other)	depre	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	1									
	Other										
	. Add lines 1a through 1e. (Column (d) must ea		X line 1	Oc column	(R))						0.

Part VII Investments - Other Securities			Tage 1
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		<u> </u>	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Dook value	(c) Welliod of Valuation. Cost of Chid	TOT YOU THAT NOT VALUE
(1)			
(2) (3)		1	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023 NEBRASKA JOURNALISM TRUST			86-3	3968316 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ła.			
1 Total revenue, gains, and other support per audited financial statements			1	2,368,321.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
<b>b</b> Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	28,544.		
e Add lines 2a through 2d			2e	28,544.
3 Subtract line 2e from line 1			3	2,339,777.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,339,777.
Part XII   Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ła.			
Total expenses and losses per audited financial statements			1	1,260,047.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
<b>b</b> Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		28,544.		
e Add lines 2a through 2d		•	2e	28,544.
3 Subtract line 2e from line 1			3	1,231,503.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				1,231,303
	40			
			-	
b Other (Describe in Part XIII.)	<u> </u>		4.	0.
c Add lines 4a and 4b			4c	1,231,503
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  Part XIII Supplemental Information			5	1,231,303
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b a	nd 2b; Part V, line 4	; Part X	(, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	lditional informa	ation.		
PART X, LINE 2:				
THE ORGANIZATION IS EXEMPT FROM INCOME TAXES	UNDER	SECTION 50	1(C)	)(3) OF
THE INTERNAL REVENUE CODE AND IS NOT CLASSIF	FIED AS	A PRIVATE	FOUN	NDATION.
AS SUCH, NO PROVISION FOR INCOME TAXES IS RE	FLECTED	IN THE FI	NANC	CIAL
STATEMENTS.				
THE ORGANIZATION FILES FORM 990, RETURN OF C	RGANIZA'	TION EXEMP	T FF	ROM INCOME
אין דא שעיי זו כ ביירים און אאר מייאים דווסדמה ביירים און איירים אין איירים איירים איירים איירים איירים איירים	ITONE A	C OE DECEM	משם	21 2022

THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS, AND THERE ARE NO MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS. TAX YEARS SUBSEQUENT TO 2020 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS.

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 86-3968316 NEBRASKA JOURNALISM TRUST Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

86-3968316 Page 2 NEBRASKA JOURNALISM TRUST Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISING NONE (add col. (a) through EVENT col. (c)) (event type) (event type) (total number) 19,750. 19,750. 1 Gross receipts 2 Less: Contributions 19,750. 19,750. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 28,544. 28,544 9 Other direct expenses 28,544 **10** Direct expense summary. Add lines 4 through 9 in column (d) -8,79411 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2023 NEBRASKA JOURNALISM TRUST 86	-3968316	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	. 13a	<u>%</u>
	o An outside facility	. 13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
·	retain the state gaming license?	Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	i (Form 990)	NEBRASKA	JOURNALISM	TRUST	86-3968316	Page 4
Part IV	(Form 990) <b>Supplemental Info</b>	rmation (continue	d)			

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NEBRASKA JOURNALISM TRUST

**Employer identification number** 86-3968316

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
NEBRASKA.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND
APPROVAL PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS AVAILABLE TO THE PUBLIC