COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** 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.

Department of the Treasury Internal Revenue Service

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

Inspection

Section Comparison Compar	ΑI	or the	2022 calendar year, or tax year beginning and ending		
Section District	B	Check if applicable	C Name of organization	D Employer identif	ication number
Doing business as REE International Ribblea Robert Store S4-1256.39	Г	Addres	s Entrust		
Born/Sule Part Pa	F	□Name		54-1256309	
Plant Plan		□Initial	3	te E Telephone numbe	 er
City or town, state or province, country, and 2/P or foreign postal code Contract Springe, CO 80907-3311 Hole Sthis a group return for subordinates? Yes X No no not state Yes X No not specified X No not specified Yes X No not specified X No not specified Yes X No not specified X No not specified X No not specified X No not specified X		Final	· · · · · · · · · · · · · · · · · · ·	· '	
Colorado Sprtings Co 80907-3311 Roy Fire Fir		termin-	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,076,337.
Fame and address of principal officer/Karen Graham and address of principal		Amend		H(a) Is this a group r	
Taxe exempt status		Application	F Name and address of principal officer: Karen Graham		
Taxexxmorpt status Sign(r)(s) Sign(r)(s) (insert no.) 4947(a)(1) or Sign Firm companisation: Sign(r)(s) (insert no.) 4947(a)(1) or Sign(r)(s) (insert no.) (insert no.) 4947(a)(1) or Sign(r)(s) (insert no.) (inser		pendin	n I	H(b) Are all subordinates	included? Yes No
Website: www.entruet4.ccg	<u> </u>	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5		
Part Summary	J	Nebsit		H(c) Group exemption	on number
Briefly describe the organization's mission or most significant activities: To multiply church leaders through accessible, locally owned, reproducible training systems.	K	orm of	organization: X Corporation Trust Association Other L Ye	ar of formation: 1985	M State of legal domicile: CO
through accessible, locally owned, reproducible training systems. 2 Check this box	Pa	art I	Summary		
Notine in independent of the given in the	•	1	Briefly describe the organization's mission or most significant activities: To multiply of	hurch leaders	
Notine the individuals employed in calendar year 2022 (Part V, line 2a) 5 56 56 56 56 56 56 56	Suc.		hrough accessible, locally owned, reproducible training systems.		
Notine in independent of the given in the	ř	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net a	ssets.
Notine in independent of the given in the	Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ه ص	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
B Net unrelated business taxable income from Form 990-T, Part I, line 11	es	5	otal number of individuals employed in calendar year 2022 (Part V, line 2a)	5	56
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ĭ	6	Total number of volunteers (estimate if necessary)	6	150
B Net unrelated business taxable income from Form 990-T, Part I, line 11	Acti	7 a -	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
8 Contributions and grants (Part VIII, line 1h) 3,742,725 4,028,402.	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
Program service revenue (Part VIII, line 2g)					Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	8 (Contributions and grants (Part VIII, line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	en				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	že			9,010.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 338, 475, 234, 696. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,704,691. 2,794,255. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 354,387. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,797,399. 4,178,703. 19 Revenue less expenses. Subtract line 18 from line 12 -21,565. -125,458. 20 Total assets (Part X, line 16) 2,515,835. 2,479,367. 21 Total liabilities (Part X, line 26) 66,388. 155,378. 22 Net assets or fund balances. Subtract line 21 from line 20 2,449,447. 2,323,989. 21 Signature Block 2,515,835. 2,479,367. 23 Signature of officer Date		11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
14 Benefits paid to or for members (Part IX, column (A), line 4)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,704,691. 2,794,255. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.			F		†
16a Professional fundraising fees (Part IX, column (A), line 11e)			F		
Total expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Jay 19 Ja	es				
Total expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Jay 19 Ja	ens			0,	0.
Total expenses (Part IX, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Jay 19 Ja	Ϋ́		,		
19 Revenue less expenses. Subtract line 18 from line 12 -21,565. -125,458.				,	' '
Beginning of Current Year End of Year		1			
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 Signature of officer Caren Graham, Interim President Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address Pring's address Colorado Springs, CO 80920 Phone no.505-502-2746	<u>_ s</u>	19			
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 Signature of officer Caren Graham, Interim President Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address Pring's address Colorado Springs, CO 80920 Phone no.505-502-2746	ts o				
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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 Signature of officer Karen Graham, Interim President Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Phone no.505-502-2746		art II		2,449,447.	2,323,363.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign				ements, and to the hest of m	ny knowledge and helief it is
Sign Here Karen Graham, Interim President Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Poste Date Date System Print System System				· ·	iy kilowidago alla bollol, it is
Sign Signature of officer Here Karen Graham, Interim President Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Date 5/8/2023 Firm's EIN 36-3990892 Phone no.505-502-2746	ii uo	, 001100			23
Here Karen Graham, Interim President Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Use Only Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Preparer Karen Graham, Interim President Type or print name and title Print/Type preparer's name 5/8/2023 Firm's ElN 36-3990892 Phone no.505-502-2746	Sia	n			23
Type or print name and title Print/Type preparer's name Ashley Peabody Preparer Firm's name Capin Crouse LLP Use Only Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Preparer Type or print name and title Date 5/8/2023 Firm's ElN 36-3990892 Phone no.505-502-2746			Karen Graham Interim President		
Use Only Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Phone no.505-502-2746	1101		Type or print name and title		
Use Only Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Phone no.505-502-2746			Print/Type preparer's name Preparer's signature a 2	Date Check	PTIN
Use Only Firm's address 2435 Research Parkway, Suite 200 Colorado Springs, CO 80920 Phone no.505-502-2746	Paid	d l	Ashley Peabody	5/8/2023 if	P01385870
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Colorado Springs, CO 80920 Phone no.505-502-2746				THIN SERVE	
		,		Phone no 505	5-502-2746
	May	/ the IF	·	1. Hono Hora -	X Yes No

_	54 1056300
	990 (2022) Entrust 54-1256309 Page 2 t III Statement of Program Service Accomplishments
Pa	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Entrust's mission is to multiply church leaders through accessible,
	locally owned, reproducible training systems. This is accomplished
	through facilitated learning, assisting Christians in gaining solid understanding of Scripture, and growing in life skills.
	,
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
4	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
40	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,917,513. including grants of \$ 111,143. \) (Revenue \$
	leaders in seminary level curriculum in many areas including Eastern
	Europe, Russia, Asia, Africa and the U.S. They also discipled, trained,
	coached, and mentored church leaders in how to facilitate small group
	Bible study, write contextualized curriculum, and develop training
	systems to equip others to reach out in holistic ministry to their
	communities. In locations where church leadership is minimal, they
	taught young Christians to begin following Christ.
	- Totaly Children to bogin retroiting child.
4b	(Code:) (Expenses \$ 375,393. including grants of \$ 73,465.) (Revenue \$)
	Middle East - Entrust is serving local churches, refugees, and
	internally displaced people (IDPs) in this volatile region of the world
	by
	1) providing ministry training to people in local churches and
	humanitarian aid to thousands of people from all backgrounds;
	2) operating a Bible Institute specifically for refugees who've fled
	their home country and are awaiting permission to immigrate and for
	short-term students who take various intensive courses for two weeks.
	Courses average 10-14 students.
	12.000
4c	(Code:) (Expenses \$
	Entrust is honored to serve in sub-Saharan Africa through our
	indigenous ministry partner, More than a Mile Deep (MMD). MMD
	involves teaching, discipling, coaching, and mentoring church leaders
	to equip their members to make a difference in addressing the problems
	of their communities, as well as helping to continue development of
	highly contextualized curricula and country-wide training systems.

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

(Expenses \$ 98,769. including grants of \$ 37,088.) (Revenue \$ 19,035.)

4e Total program service expenses 3,468,149.

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Form 990 (2022) Entrust 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	Х	
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		х
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			
3	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			
O	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	40:		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.	v l	
45	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	40		v
4-	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,			
40	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	,,		
40	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,"	,,		
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			ļ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2022) Entrust 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		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		Х
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%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a	Х	_ A
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash 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	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 • • • • • • • • • • • • • • • • • • •		
-	Schedule N, Part II	32		x
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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	Х	
Pai	t 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			<u>Ш</u>
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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	Х	I

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

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 56 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 29 Sa X Sa V Sa Did the organization have unerticated business gross income of \$1,000 or more during the year? 20 Sa X Sa V Sa Did the organization have unerticated business gross income of \$1,000 or more during the event of the unique provides are subtracted to the part of the unique provides and event of the part of the unique provides and event of the part of the unique provides and event of the unique provides and the unique provides and event of the unique provides a					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 IDI the organization have unretated business gross income of \$1,000 or more during the year? 31 IDI three organization have unretated business gross income of \$1,000 or more during the year? 32 IDI three organization and the properties of the properties	2 a					
38 Dit the organization have unrelated business gross income of \$1,000 or more during the year; 39 If "Year," has filed a form 900 of for this year? "I "No" to line 80, provide an explanation on Schedule O 40 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country leuch as a bank account, securities account, or other financial accounts ("FBAF). 50 Was the organization far bright country leuch as a bank account, securities account, or other financial Accounts ("FBAF). 51 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 52 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not acquirated into few months of the state of the common o						
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		ies			
				17		

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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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 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** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Х Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

Section C. Disclosure

exempt status with respect to such arrangements?

17 List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, FL, GA, HI, IL, ME, MI, J	GA, HI,	FL,GА	О, РЬ	, co	٠, ٠	٦,	A.	CA	, CA	٠, ٥	Λ,	Λ,	ĸ	۸,	١,	٠, (C	A	Δ,	٠,	C	Ľ	J	,	, 1	r.	Ъ	٠,	,	, (·	G	ĴΕ	ıΑ	Α	١,	٠, ١	н	ш	Τ	٠,	, .	Τ	ıТ	Ь		М	11	5	۱,	IATI	IA		M	S	, !	NC	٠,	r	N	11
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

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.

Own website Another's website Upon request Other (explain on Schedule O)

- 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 Nancy Lindgren 719-622-1980

910 Pinon Ranch View, 101, Colorado Springs, CO 80907-3311

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

15a X

15b

16a

16b

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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.
- 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.

Check this box if neither the organization r		orga I	aniza			mpe	nsat			(F)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	, unie cer ar	ss pe nd a c	rson Iirecto	is bot or/trus	n an stee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa:		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	dividu	stituti	Officer	yemp	ghest	Former			organizations
(1) Barbara Allen	line) 40.00	드	드	5	<u>ş</u>	포등	요			
Field Staff	40.00	1				x		101,461.	0.	3,171.
(2) Christopher Goree	40.00					A		101,401.		3,171.
CEO (part year)	40.00	x		х				39,251.	0.	60,557.
(3) Lynn Eber	40.00	1				\vdash		33,231.		00,337.
CFO, Treasurer (part year)	40.00	ł		х				34,126.	0.	3,929.
(4) Andrew Seidel	12.00							31,120.	,	3,323.
Board Chair, Field Staff	12.00	x		x				0.	0.	30,000.
(5) Karen Graham	40.00	 				\vdash				
Interim President		1		x				24,500.	0.	0.
(6) Roger Gulick	1.00			<u> </u>		\vdash			- •	
Board Member, Field Staff		x						0.	0.	7,552.
(7) Lydia Floren	1.00					t			-	,
Board Member, Secretary		х		x				0.	0.	0.
(8) Joy Dahl	1.00									
Board Member, Treasurer		х		х				0.	0.	0.
(9) Doug Adams	2.00									
Board Member		х						0.	0.	0.
(10) Mary Dean	12.00									
Board Member, Field Staff		х						0.	0.	0.
(11) Rick Harig	1.00									
Board Member		х						0.	0.	0.
(12) Tim Hogan	1.00									
Board Member		Х						0.	0.	0.
(13) Ernest Jaffarian	1.00									
Board Member		Х						0.	0.	0.
(14) Terry Klare	1.00									
Board Member		Х						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) sition more	า e than	one	(D) Reportable	(E) Reportable		l	(F)	
		week					is bot or/trus			compensatior from related	1	ar	nount other	
		(list any	ector						the	organizations		com	npensa	
		hours for related	Individual trustee or director	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		rom th janiza	
		organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1039-1120)		ı ~	d rela	
		below line)	ividual	titution	Officer	Key employee	hest co	Former				org	anizat	ions
		iii ie)	Pul	lus	#5	Ke	e Fig	휸						
									100.000					
1b	Subtotal Total from continuation shoots to Part VI	I Cootion A							199,338.		0.		105	,209. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								199,338.		0.		105	,209.
2	Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	,000 of reportable				,
	compensation from the organization												V	1
3	Did the organization list any former officer,	director trust	00	kovi	amn	lovo		r hic	shoet componented omr	alovoo on			Yes	No
3	line 1a? If "Yes," complete Schedule J for s			-	-	-			gnest compensated emp	-		3		х
4	For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d ot	ther compensation from	the organization				
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			ted organization or indiv	idual for services		5		х
Sec	tion B. Independent Contractors	picte dericaur	C 0 1	0/ 30	ucii	perc	3011							
1	Complete this table for your five highest co	-	-								pens	ation	from	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.			C)	
	Name and business	address	NO	NE					Description of s	ervices	C		nsatio	on
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to			stec	L d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation					0							

Form 990 (2022) Entrust
Part VIII Statement of Revenue 54-1256309

		Check if Schedule O contains a re	enonea	or note to any lin	a in this Part VIII			
		Check if Schedule O Contains a re	sponse	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	from tax under sections 512 - 514
<u>ω</u> ω								360110113 3 12 - 3 14
lit an			la					
흕힐		· · · · · · · · · · · · · · · · · · ·	lb					
Contributions, Gifts, Grants and Other Similar Amounts			lc					
真			ld					
ns,		3 \ / L	le					
흔달	f	All other contributions, gifts, grants, and						
혈美		similar amounts not included above	lf	4,028,402.				
g	g	Noncash contributions included in lines 1a-1f	lg \$	23,092.				
<u>8 0</u>	h	Total. Add lines 1a-1f	<u></u>		4,028,402.			
				Business Code				
စ္ပ	2 a	Seminar/Material Fees		900099	19,035.	19,035.		
ه چَ	b							
S Z	С	:						
eve	d							
Program Service Revenue	е							
Ţ.	f	All other program service revenue						
	a	Total. Add lines 2a-2f		·	19,035.			
\neg	3	Investment income (including dividen			,			
	_				4,071.			4,071.
	4	Income from investment of tax-exemp			, , , , , , , , , , , , , , , , , , ,			,
	5	Royalties		1	1,737.			1,737.
	J		Real	(ii) Personal	_,,			
	6 2	. l <u>a </u>		(1) 1 01001101				
		' ··· 						
		Rental income or (loss) 6c						
		· · ·	curities	(ii) Other				
	<i>r</i> a			<u> </u>				
		· - +	23,092.					
a	b	Less: cost or other basis						
ğ		- I	23,092.					
her Revenue		Gain or (loss) 7c	0.					
r.		Net gain or (loss)			0.			
	8 a	Gross income from fundraising events (no	t					
0			of					
		contributions reported on line 1c). See						
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising						
	9 a	Gross income from gaming activities.	See					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming acti	vities					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
		: Net income or (loss) from sales of inve						
<u>"</u>				Business Code				
ا ۾ ق	11 a	ı						
ane un	b							
Miscellaneous Revenue	c							
<u> </u>		All other revenue						
≥		Total. Add lines 11a-11d		' 				
	12	Total revenue See instructions			4 053 245.	19 035.	0.	5 808.

54-1256309

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).

	Chock if Schodulo O contains a respons				
Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
•					
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	224 606	224 606		
	individuals. See Part IV, lines 15 and 16	234,696.	234,696.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	199,916.	121,413.	43,620.	34,883.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	90,580.	75,746.	6,445.	8,389.
7	Other salaries and wages	2,044,175.	1,678,084.	174,979.	191,112.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	335,534.	274,478.	29,213.	31,843.
10	Payroll taxes	124,050.	99,858.	11,818.	12,374.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	305.	246.	29.	30.
С	Accounting	16,125.		16,125.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	347,977.	285,936.	58,020.	4,021.
12	Advertising and promotion	55,910.			55,910.
13	Office expenses	120,433.	108,426.	5,865.	6,142.
14	Information technology	19,839.	16,392.	1,684.	1,763.
15	Royalties				
16	Occupancy	117,684.	105,184.	6,106.	6,394.
17	Travel	233,227.	233,227.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,526.	119,526.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,440.	22,036.	202.	202.
23	Insurance	8,988.	7,235.	856.	897.
24	Other expenses. Itemize expenses not covered				
	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 0.)				
а	Course Production/Train	78,941.	78,707.	114.	120.
b	Professional developmen	5,171.	5,032.	68.	71.
c		, = 1	,		· - •
d					
e	All other expenses	3,186.	1,927.	1,023.	236.
25	Total functional expenses. Add lines 1 through 24e	4,178,703.	3,468,149.	356,167.	354,387.
26	Joint costs. Complete this line only if the organization	-,,,	0,200,223.	200,107.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Uneck here if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2022)
Part X Balance Sheet 54-1256309 Entrust Page **11**

		Check if Schedule O contains a response or	note to an	v line in this Part X			
		errediction of the state of the	note to an	y mile my dine i dicix	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			717,235.	1	693,715.
	2	Savings and temporary cash investments			1,184,975.	2	1,136,656.
	3	Pledges and grants receivable, net			7,000.	3	0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			76,101.	9	23,639.
		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		238,953.			
	Ь	Less: accumulated depreciation	10b	136,657.	78,986.	10c	102,296.
	11	Investments - publicly traded securities		,	451,538.	11	453,796.
	12	Investments - other securities. See Part IV, lir			,	12	•
	13	Investments - program-related. See Part IV, lii		 		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	69,265.
	16	Total assets. Add lines 1 through 15 (must e			2,515,835.	16	2,479,367.
	17	Accounts payable and accrued expenses			66,388.	17	85,069.
	18	Grants payable			,	18	·
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
lige		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schodula D	•		0.	25	70,309.
	26	Total liabilities. Add lines 17 through 25			66,388.	26	155,378.
		Organizations that follow FASB ASC 958, o			,		,
Ses		and complete lines 27, 28, 32, and 33.					
ano	27				422,247.	27	418,353.
Bal	28	Net assets with donor restrictions			2,027,200.	28	1,905,636.
nd		Organizations that do not follow FASB ASC			. ,		, ,
Ī		and complete lines 29 through 33.	, ccc, c				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
šets	30	Paid-in or capital surplus, or land, building, or				30	
Asŧ	31	Retained earnings, endowment, accumulated				31	
et	32	Total net assets or fund balances			2,449,447.	32	2,323,989.
~	33	Total liabilities and net assets/fund balances			2,515,835.	33	2,479,367.
	00	Total habilities and het assets/fully baldfices			2,010,000.	55	2,1,5,507.

Form **990** (2022)

Entrust 54-1256309 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 4,053,245. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 4,178,703. -125,458. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,449,447. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 2,323,989. column (B)) Part 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: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b 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 c 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? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 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? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2022)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

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

Open to Public Inspection

54-1256309 Entrust Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,539,362.	4,322,990.	3,814,869.	3,742,725.	4,028,402.	20,448,348.
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	4,539,362.	4,322,990.	3,814,869.	3,742,725.	4,028,402.	20,448,348.
5	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)						565,820.
	Public support. Subtract line 5 from line 4.						19,882,528.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4,539,362.	4,322,990.	3,814,869.	3,742,725.	4,028,402.	20,448,348.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,782.	7,633.	16,658.	4,127.	5,808.	39,008.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	4,116.					4,116.
10	Other income. Do not include gain						
	or loss from the sale of capital	2 000	1 050		01.0		12 020
	assets (Explain in Part VI.)	3,922.	1,059.	7,837.	212.		13,030.
11	***	. ,	,				20,504,502.
12	Gross receipts from related activities,					12	244,160.
13	First 5 years. If the Form 990 is for the	-	st, secona, tnira, t	ourtn, or tiπtn tax y	ear as a section 5	00 I(C)(3)	
800	organization, check this box and storetion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2022 (l			olumn (fl)		14	96.97 %
	Public support percentage from 2021					15	96.97 <u>%</u> 95.70 %
15	33 1/3% support test - 2022. If the				· ·	•	
102	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
176	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		*	-	•	•	
h	10% -facts-and-circumstances tes	-		* * *	-		
	more, and if the organization meets the	_					.570 01
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	,			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	 			1		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u>l</u>		<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u></u>	check this box and stop here						<u></u>
	ction C. Computation of Publ					Liel	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	04
						18	%
	Investment income percentage from 2 a 33 1/3% support tests - 2022. If the						17 is not
196	more than 33 1/3%, check this box a						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Schedule A (Form 990) 2022 Entrust 54-1256309 Page 4

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.)

		Yes	No
	1		
	2		
	0-		
	За		
	3b		
	SD		
	3с		
	30		
	4a		
	70		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	90		
	9с		
	10a		
	10b		
ماددا	A /Earr		2022

Pai	rt IV	Supporting Organizations (continued)			J
		1. Communication		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations	2		
		7. Type it supporting organizations		Yes	No
4	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
		7. 7. Type in Supporting Significations		Yes	No
4	Did th	a arganization provide to each of its supported examizations, by the lest day of the fifth month of the		163	NO
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	, , , , , , , , , , , , , , , , , , ,			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2		ization's governing documents in effect on the date of notification, to the extent not previously provided? any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•				
	•	cant voice in the organization's investment policies and in directing the use of the organization's le or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ne)	
2		ties Test. Answer lines 2a and 2b below.	Straction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
ч		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Fee, then it is the control of the control organization and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have engaged in	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022 Entrust 54-1256309 Page **6**

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	<u>izations</u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruct				
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.		
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net	short-term capital gain	1			
2 Reco	overies of prior-year distributions	2			
3 Othe	er gross income (see instructions)	3			
4 Add	lines 1 through 3.	4			
5 Dep	reciation and depletion	5			
6 Port	ion of operating expenses paid or incurred for production or				
colle	ection of gross income or for management, conservation, or				
mair	ntenance of property held for production of income (see instructions)	6			
	er expenses (see instructions)	7			
	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggi	regate fair market value of all non-exempt-use assets (see				
instr	ructions for short tax year or assets held for part of year):				
a Aver	rage monthly value of securities	1a			
b Aver	rage monthly cash balances	1b			
c Fair	market value of other non-exempt-use assets	1c			
d Tota	al (add lines 1a, 1b, and 1c)	1d			
e Disc	count claimed for blockage or other factors				
(exp	lain in detail in Part VI):				
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2			
3 Sub	tract line 2 from line 1d.	3			
4 Casl	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see	instructions).	4			
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Mult	tiply line 5 by 0.035.	6			
7 Reco	overies of prior-year distributions	7			
8 Mini	imum Asset Amount (add line 7 to line 6)	8			
Section C	- Distributable Amount			Current Year	
1 Adju	usted net income for prior year (from Section A, line 8, column A)	1			
2 Ente	er 0.85 of line 1.	2			
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3			
	er greater of line 2 or line 3.	4			
5 Inco	ome tax imposed in prior year	5			
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to				
	ergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting ord	anization (see	

Schedule A (Form 990) 2022

instructions).

Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)			
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organiz	zations, in excess of income from activity			2			
3	Admin	strative expenses paid to accomplish exempt purpose	es of supported organization	IS	3			
4	Amour	its paid to acquire exempt-use assets			4			
5	Qualifie	ed 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 a	nnual distributions. Add lines 1 through 6.			7			
8	Distrib	utions to attentive supported organizations to which th	ne organization is responsive	Э				
	(provia	e details in Part VI). See instructions.			8			
9	Distrib	utable amount for 2022 from Section C, line 6			9			
10	Line 8	amount divided by line 9 amount			10			
Secti	ion E - I	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
1	Distrib	utable amount for 2022 from Section C, line 6						
2	Under	distributions, if any, for years prior to 2022 (reason-						
	able ca	ause required - explain in Part VI). See instructions.						
3	Excess	distributions carryover, if any, to 2022						
а	From 2	017						
b	From 2	018						
С	From 2	019						
d	From 2	020						
е	From 2	021						
		of lines 3a through 3e						
g	Applied	d to underdistributions of prior years						
h	Applied	d to 2022 distributable amount						
<u>i</u>		ver from 2017 not applied (see instructions)						
j		nder. Subtract lines 3g, 3h, and 3i from line 3f.						
4		utions for 2022 from Section D,						
	line 7:	\$						
		d to underdistributions of prior years						
		d to 2022 distributable amount						
		nder. Subtract lines 4a and 4b from line 4.						
5		ning underdistributions for years prior to 2022, if						
		ubtract lines 3g and 4a from line 2. For result greater						
		ero, explain in Part VI. See instructions.						
6		ning underdistributions for 2022. Subtract lines 3h						
		ofrom line 1. For result greater than zero, explain in						
		I. See instructions.						
7		s distributions carryover to 2023. Add lines 3j						
•	and 4c	lown of line 7:						
8		s from 2018						
		s from 2019						
		s from 2020						
		s from 2021						
		s from 2022						

Schedule A (Form 990) 2022

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Miscellaneous Income
2018 Amount: \$ 3,922.
2019 Amount: \$ 1,059.
2020 Amount: \$ 7,837.
2021 Amount: \$ 212.

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 54-1256309 Entrust

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$						
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify						

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Entrust

54-1256309

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$120,400.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Entrust

54-1256309

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Name of or	rganization		Employer identification number			
Entruct			54-1256309			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line entry. haritable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
_	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
_	Transieree s frame, audress, a	II ZIF + 4	netationship of transfer of to transfer ee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

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

Entrust

Employer identification number 54-1256309

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form				
	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 str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax			
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements in					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
	Does each conservation easement reported on line 2(d) above	us satisfy the requirements of section 17	2/6\/4\/D\/;\			
8		-				
9	and section 170(h)(4)(B)(ii)?					
9	balance sheet, and include, if applicable, the text of the foot	·				
	organization's accounting for conservation easements.	note to the organization's illiancial staten	nerits that describes the			
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or C	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95					
-	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		\$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
_	the following amounts required to be reported under FASB A		a. 3a, p. 61100			
а	Revenue included on Form 990, Part VIII, line 1		\$			
h	Assets included in Form 990, Part Y		Φ			

Bart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued		dule D (Form 990) 2022 Entrust							4-12563			ıge 2
a Public exhibition d Loan or exchange program a Public exhibition d Loan or exchange program b Scholarly research e Other b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be sold to raise funder after than to be maintained as part of the organization collection? Ves No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization in agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes, explain the arrangement in Part XIII and complete the following table: Amount 1c Beginning balance Amount 1c Amount 1c Amount 1c Beginning balance Int 2	Par	t III Organizations Maintaining (Collections of A	rt, Histo	rical Tre	easures, c	or Othe	er Simila	ır Asse	ts (contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the f	following tha	ıt make s	ignificant ı	use of its			
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, listorical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yee No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Complete the organization of the year		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Exorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, very line 11 decided on Form 990, Part X, seplain the arrangement in Part XIII and complete the following table: Amount 1c	а	Public exhibition	c	▮╚	an or exch	nange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b It is designed the part of the custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Individual organization than a trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Individual organization studing the year	b	Scholarly research	е	e L Ot	her							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d	С	Preservation for future generations										
Does note to raise funds rather than to be maintained as part of the organization's collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Armount 1c Armount 1d Armount 1	4	Provide a description of the organization's c	ollections and explai	n how they	further th	e organizati	on's exer	mpt purpo	se in Par	XIII.		
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reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?												No
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the or	ganizatior	answered '	"Yes" on	Form 990	, Part IV,	line 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Ic Ic Ic Ic Ic Ic I		reported an amount on Form 990, Pa	art X, line 21.									
C Seginning balance	1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for co	ntribution	s or other as	sets not	included	_	7		1
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year 8 Distributions during the year 1 Distributions during the year 9 Distributions during the year 1 Distributions 1 Distributions 1 Distributions 2 Distributions 3 Distributions 4 Distributions 5 Distributions 6 Distributions 6 Distributions 6 Distributions 7 Distributions 7 Distributions 8 Distributions 9 Distri		on Form 990, Part X?							L	Yes		No
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ole:							
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IXI, line 21, for escrow or custodial account liability? Ves "explain the arrangement in Part XIII. Check here if the explanation has been provided on Desprey to the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the years bac										Amoun		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Contri												
f Ending balance												
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year										Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Three years back (d) Three years back back (d) Three years back back (d) Three	_									<u></u>		
1a Beginning of year balance	Pai	Endowment Funds. Complete	·						ara baak	(a) Four	vooro k	2001
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs contains and programs of the organization that are held and administered for the organization by: Ves No			(a) Current year	(b) Prio	r year	(C) TWO year	S Dack	(a) Tillee ye	ears Dack	(e) Foul	years i	Jack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a											
Cother expenditures for facilities	b											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	a											
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	T											
a Board designated or quasi-endowment	g			- //:	(-)	\\						
b Permanent endowment	2	·	•	, ,,	column (a)) neid as:						
c Term endowment	a	· · · · · · · · · · · · · · · · · · ·		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii)	D											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i)	C		-									
Ves No (i) Unrelated organizations 3a(i)	2-			ation that a	ara bald an	ad administa	rad far th					
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 84,079 16,232 67,847 c Leasehold improvements 20,271 20,271 0 4 Equipment 123,439 88,990 34,449 e Other Other	Sa	•	ession of the organiz	alion mai a	are rieiu ai	iu auministe	rea for ti	ie		Г	Ves	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings C Leasehold improvements C Leasehold improvements 4 Equipment 5 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a Land 5 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a Land 5 Description of property 1a Land 6 Description of property 1a Land 1a Land 5 Description of property 1a Land 1a La		,								$\overline{}$		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings b Buildings C Leasehold improvements c Leasehold improvements d Equipment e Other Oscidential as required on Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 67,847. 67,847. 11,164. 0.										 		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings b Buildings C Leasehold improvements C Lequipment Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 67,847. 67,847. 10. 4 Equipment 123,439. 88,990. 34,449. 6 Other 11,164. 11,164.	h											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 16, 232. 67, 847. 20, 271. 0. 123, 439. 88, 990. 34, 449.	4									_ 3 0_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par			JWITIETT TUI	ius.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				0. Part IV. I	ine 11a. S	ee Form 990). Part X.	line 10.				
basis (investment) basis (other) depreciation b Buildings 84,079. 16,232. 67,847. c Leasehold improvements 20,271. 20,271. 0. d Equipment 123,439. 88,990. 34,449. e Other 11,164. 11,164. 0.		· · · · · · · · · · · · · · · · · · ·		 					4	(d) Boo	k value	
1a Land 84,079. 16,232. 67,847. b Buildings 20,271. 20,271. 0. c Leasehold improvements 20,271. 20,271. 0. d Equipment 123,439. 88,990. 34,449. e Other 11,164. 11,164. 0.		bescription of property	` '						٦	(u) D00	value	
b Buildings 84,079. 16,232. 67,847. c Leasehold improvements 20,271. 20,271. 0. d Equipment 123,439. 88,990. 34,449. e Other 11,164. 11,164. 0.	10	Land	,		230,0 (
c Leasehold improvements 20,271. 20,271. 0. d Equipment 123,439. 88,990. 34,449. e Other 11,164. 11,164. 0.				-		84 079		16	232		67	847
d Equipment 123,439. 88,990. 34,449. e Other 11,164. 11,164. 0.											- ' , '	
e Other 11,164. 11,164. 0.											34	
											- ,	
				X. column	(B), line 1	,		,			102	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Entrust		5-	4-1256309	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year marke	t value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990, Part X, line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear marke	et value
(1)	(-,	(-,		
(1)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15		
	Description	7d. 300 1 3111 300, 1 411 X, 1110 10.	(b) Book	value
			(3) 2001	
(1)			_	
(2)				
(3)				
(4)			_	
(5)			_	
(6)			_	
(7)				
(8)			_	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u> </u>			
Part X Other Liabilities.	e 10.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line	25	
1. (a) Description of liability		70 07 171. 000 1 0111 000, 1 are X, 1110	(b) Book	value
(1) Federal income taxes			(17, 200)	
			_	70,309
			_	70,303
(3)				
<u>(4)</u>				
(5)			+	
<u>(6)</u>			+	
(7)			+	
(8)			+	
(9) Table (Column (b) must opical Form 200 Port V and (D) lin	0.05.)		+	70,309
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	€ ∠3./		1	10,309

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... Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total revenue, gains, and other support per audited financial statements			1	4,182,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		129,723.	-	
	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)				100 702
_	Add lines 2a through 2d			2e	129,723.
3	Subtract line 2e from line 1			3	4,053,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	اما			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			10	0.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>			4c 5	4,053,245.
Par	t XII Reconciliation of Expenses per Audited Financial St			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, lii		Experiede per	riotaiii.	
1	Total expenses and losses per audited financial statements			1	4,308,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
– a	Donated services and use of facilities	2a	129,723.		
b	Prior year adjustments		, -	-	
	Other losses			-	
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	129,723.
3	Subtract line 2e from line 1			3	4,178,703.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	4,178,703.
Par	t XIII Supplemental Information.				
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	ation.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** Entrust 54-1256309 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Biblical education (course development and East Asia and the Pacific Program services teaching) 147,692. East Asia and the Pacific 0 Grantmaking 60. Biblical education (course development and teaching), humanitarian 21 aid 666,207. Europe Program services 0 Europe Grantmaking 111,143. Biblical education (course development and Middle East and teaching), humanitarian North Africa 2 Program services 268,990. Middle East and North Africa 0 Grantmaking 51,887. Biblical education (course development and teaching), humanitarian 439. 1 aid North America Program services Biblical education (course development and Russia and teaching), humanitarian neighboring states 2 aid 124,412. Program services 3 a Subtotal 2 29 1,370,830. **b** Total from continuation 305,855. sheets to Part I c Totals (add lines 3a 1,676,685. and 3b)

<u>Schedule F (Form 990)</u> <u>Entrust</u> 54-1256309 <u>Page 1</u>

Schedule F (Form 990)	Entrust			54-1256309	Page
Part I Continuati	on of Activitie	s per Regio	n.(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and					
neighboring states	0	0	Grantmaking		21,578
				Biblical education	
				(course development and	
South Asia	0	0	Program services	teaching)	535
				Biblical education	
				(course development and	
				teaching), humanitarian	
Sub-Saharan Africa	0	7	Program services	aid	233,714
Sub-Saharan Africa	0	0	Grantmaking		50,028
Totals	▶	7			305,855

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Women's ministry					
	Europe	training	14,000.	wire	0.		
	Russia and neighboring	Church leadership					
	states	training - Moldova	14,028.	wire	0.		
	states	craining - Mordova	14,028	wire	0.		
		Church leadership					
	Europe	training	9,173.	.wire	0.		
			'				
		Church discipleship &					
		training, Covid-19					
	Europe	aid	84,185.	.wire	0.		
		Church operations,					
		food & utilities for					
	Middle East and	refugees, printing					
	North Africa	training	48,465.	.wire	0.		
	Russia and						
	neighboring	Church leadership					
	states	training - Moldova	7,550.	.wire	0.		
		Quanti au lum manares 1					
	Sub-Saharan	Curriculum renewal, Church leadership					
	Sub-Sanaran Africa	training	13,000.	wire	0.		
		Bible College	13,000	• MTTC	0.		
		operations in South					
	Sub-Saharan	Africa and support					
	Africa	for staff member on	37,028.	wire	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

	8
	0

Schedule F (Form 990) 2022

Page 2

Schedule F (Form 990) 2022 Entrust 54-1256309 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

<u>Schedule F (Form 990) 2022</u> Entrust 54-1256309 Page **4**

Part IV Foreign Form

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

(estimated humber of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
Most grants are made on the basis of budgeted requests for funds for the
work done by partner organizations or churches, as donations are received
with these projects preferenced. These are mostly organizations which
our staff have helped to found or have a consulting relationship with.
Some grants are administered by our staff in the form of small amounts of
humanitarian aid.
Our staff members report details of humanitarian aid and donations to
churches.
We monitor the use of grants to the partner organizations in Africa and
the Middle East by the periodic visits of our staff in a coaching or
training role. We also receive copies of the reports they prepare, both
financial and operational.
Grants for Entrust Equipping Women and training in various countries are
closely monitored by U.S. staff participation.
Part I, line 3:
The organization tracked expenditures in accordance with the accrual
basis of accounting. Foreign expenditures were tracked using payroll,
expense reports per the organizations accountable reimbursement plan,
consulting invoices, and grant feedback reporting.
Part II, Column (d):

Page 5

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number Name of the organization 54-1256309 Entrust Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? cómmittee? organization? To From Yes No Yes No Yes No Total \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 Entrust			54-1256309		Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction (d) Description		organi	aring of zation's nues?
				Yes	No
Laurie Goree	Family relationship	25,780.	P/T Salary		Х
				1	
Part V Supplemental Information.					
• •	anaca ta guartiana an Cahadula I. (aca	inate (ations)			
Provide additional information for response	onses to questions on Schedule L (see	instructions).			
Sch L, Part IV, Business Transactions	involving Interested Persons.				
, rait IV, Business Hansactions	involving interested reisons:				
(a) Name of Person: Laurie Goree					
(u) name of ferbon. Faulte cores					
(b) Relationship Between Interested Per	son and Organization:				
	3				
Family relationship with Christopher Go	oree, President/CEO				
	·				
(c) Amount of Transaction \$ 25,780.					
(d) Description of Transaction: P/T Sal	ary & Benefits				
(e) Sharing of Organization Revenues? =	= No				
					-

SCHEDULE O (Form 990)

Department of the Treasury

Entrust

Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Employer identification number

54-1256309

Form 990, Item C, Doing Business As: BEE International; Biblical Education by Extension International; Entrust: Multiplying Leaders for Multiplying Churches Form 990, Part III, Line 4d, Other Program Services: Entrust's Equipping Women program equips women leaders with ministry skills, enabling them to bring women in the local church to maturity in Christ. This equipping process takes place in a dynamic, biblical practical, and relational learning context. Four core modules are taken over a period of time, allowing for personal transformation, practice of skills, and growth in key areas. Equipping Women courses are accessible -- partnering with over 105 agencies in 25 countries; relational -- learning in non-formal peer-discipling environments with Bible college level workbooks discussion and practice; and transformational -- immediate application in learner's personal life, family, church and community. Courses incorporate personal reflection and group discussion. Modules are designed to stimulate growth in knowledge of Scripture, devotion to Christ, spiritual maturity, ministry skills and vision for service. Expenses \$ 61,741. including grants of \$ 60. Revenue \$ 19,035. Other special projects run by Entrust or by partnering organizations for the purpose of promoting and advancing biblical education and holistic transformation of individuals and communities in the Judeo-Christian tradition in Eastern Europe, Russia, the Middle East Asia, Africa, and the U.S. These projects involve teaching, training

Schedule O (Form 990) 2022 Page **2**

Name of the organization Entrust	Employer identification number 54-1256309
discipling, coaching, and mentoring church leaders to equip their	·
members to make a difference in addressing the problems of their	
communities, as well as helping to develop highly contextualized	
curriculum and country-wide training systems.	
Expenses \$ 37,028. including grants of \$ 37,028. Revenue \$ 0.	
Form 990, Part VI, Section A, line 2:	
Board members Ernest Jaffarian and Rick Harig had a business relationship.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 was prepared by an independent CPA firm, reviewed in detail by	
the organization's accountants and top management, and then emailed to the	
board for their review before it was filed with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Board members and officers are required to disclose potential conflicts of	
interest on an annual basis. The signed conflicts of interest statements	
are reviewed by the CFO or CEO. The board of directors, CEO, and the	
finance team watch over business transactions to identify potential	
conflicts. Should any potential conflicts of interest be disclosed, the	
board member or officer would be asked to refrain from participation in any	
deliberation or decision with regard to matters affected by the	
relationship.	
Form 990, Part VI, Section B, Line 15:	
Compensation of the organization's top management official is determined by	
independent members of the board of directors. The board uses	
comparability data in making their decision. All staff compensation	

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 54-1256309 Entrust levels, including officers, are set according to a standard formula based on comparable salaries for staff of similar organizations (missions) and approved annually by the independent board. All compensation decisions are documented in the board minutes. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK,CA,CO,FL,GA,HI,IL,ME,MN,MS,NC,ND,NH,NM,NV,SC,OR,PA,TN,VA,WA,WV,WI Form 990, Part VI, Section C, Line 19: The governing documents and conflict of interest policy are not available to the public. The audited financial statements are posted on Entrust's website.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print Entrust 54-1256309 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 910 Pinon Ranch View, 101 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Colorado Springs, CO 80907-3311 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 Nancy Lindgren The books are in the care of ▶ 910 Pinon Ranch View, 101 - Colorado Springs, CO 80907-3311 Telephone No. ► 719-622-1980 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

0.

instructions.