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00	30-T	6	Exempt Organi					turr	} <		B NO 1545-	10007	
Form	7 0-1		(and pro	oxy tax under s	sect	ion 6033(e	*))	٦	\mathcal{K}^{Γ}	X	201	R	
		For cale	ndar year 2018 or other tax	k year beginning		2018, and ending		, 2 0	\bigcup_{i}	0 2	20 I	9	
Department of Internal Reve	of the Treasury nue Service	▶ Do r	► Go to www.irs.gov not enter SSN numbers on	//Form990T for instru n this form as it may be					(c)(3).	Open to 501(c)(Public Insp 3) Organizati	ection for ions Only	
<u>A</u>	k box if ess changed		Name of organization (Check box if name cha	inged a	ind see instruction:	s.)				entification rust, see inst		
B Exempt u		Print	<u>Entrust</u>		E44	256200							
	c)(3)	or	Number, street, and room	F Unre		256309 siness activi	ity code						
408(e)		The 1910 Pindh Ranch View Suite IVI									Unrelated business activity code (See instructions.)		
∐ 408A	☐ 530(a)				toreign	bostal code							
529(a)	a of all accate		Colorado Springs, CO			_							
at end of	e of all assets year		oup exemption number neck organization type			SD □ 501	(c) trust		401(a	tnist	□ Oth	er trust	
U Enter			organization's unrelate				• • • • • • • • • • • • • • • • • • • •	- L			first) unre		
			-	d trades or business									
	or business		at the end of the previ										
		•	omplete Parts III–V.	ious sentence, com	ibiere	raits i aliu ii,	Complet	e a o	ciledai	5 IVI IU	i c acii ac	Juliona	
								llad a		_	□ Voo	₩ ₀	
			e corporation a subsidia				ary contro	illea gi	oup?		□ 162	₽ NO	
			and identifying numbe	er of the parent corp	oratio		nhono n	umbo			719622198		
			Lynn Eber			(A) Income	ephone n		penses	I	(C) Ne		
			e or Business Inco	one -	T	(P) IIICOIIIe	 -	(0) ==	porisos		(0) 110	`	
	oss receipts			- Release									
	ss returns and			c/ Balance ►	1c		┝╌┼─		+			+-	
	_		Schedule A, line 7) .		2		-		 -				
	•		t line 2 from line 1c .	". ·/\` · \	3	ļ				+			
			ne (attach Schedule D		4a	<u> </u>							
			4797, Part II, line 17) (a	\	4b								
	•		n for trusts		4c					_		+	
	• •	•	tnership or an S corporati	• • • • • • • • • • • • • • • • • • • •	5				-+				
	•	•	ıle C)		6				-			+	
			ced income (Schedule	-	7		-						
			and rents from a controlled							_			
			ction 501(c)(7), (9), or (17) or		9					_		+	
	•	•	ivity income (Schedule		10		 -					\rightarrow	
		-	Schedule J)		11		<u> </u>		_			\rightarrow	
		•	tructions; attach schedu		12					_		\rightarrow	
					13		4!	/E	4 6		h.diana		
Part II			Taken Elsewhere (S					(EXC	ept for	contri	butions,		
	aeauction	is must	be directly connecte	Grwinnine unreiaid	/E	S ine ss income	3 .)			44			
			cers, directors, and tru		, L.	 :::		• •	<u> </u>	14 15			
	laries and v	_		[8] · · · · · · ·	•) j			-	16		+-	
	epairs and m			JAN 3:0	2020				_	17		+-	
					•				—	18		+	
	•		dule) (see instructions)	OGDEN	רו ו			• •	· -	19		+	
					·			• •	· —	20			
			ons (See instructions for	-		1 1		٠.,	. ト	20			
			Form 4562) . . .imed on Schedule A a					-	- -	2b		Į.	
										23		+-	
	•							• •	<u> </u>	24			
24 C			rred compensation plangrams							25 25		+-	
			ngrams							26 26			
26 Ex									· -	27			
27 Ex			osts (Schedule J)							28			
1 28 O		•	•							29 29		+-	
			dd lines 14 through 28 xable income before n							30		+-	
										30		+-	
		•	ating loss arising in tax						· –	32		+-	
			axable income. Subtra		<u> </u>	Ont No. 1100		• •	•	42	Form 990	-T (2018)	
For Paper	work Reduct	τιοη Act	Notice, see instruction	IS.		Cat No. 1129	IIJ				rom JJU	- 1 (2018)	

Form 99	0-T (2018)							ľ	Page 2
Part I	III To	otal Unrelated Business Taxabl	e Income						
33		unrelated business taxable income				ю			
	instruct	ions)				33			
34		s paid for disallowed fringes				34		0	4
35		on for net operating loss arising							
		ions)							
36		unrelated business taxable income				m			
		33 and 34				36	—	0	<u> </u>
37		deduction (Generally \$1,000, but se					\bot	1000	4
38		ed business taxable income. Subt							
		e smaller of zero or line 36	· · · · · · · · · · · · · · · · · · ·		<u> </u>	38	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	0	<u> </u>
Part	_	x Computation				1			,
39		zations Taxable as Corporations.					—	0	4
40		Taxable at Trust Rates. See		•		-	-{		
		ount on line 38 from: Tax rate sch	_	-		40	+		┼
41	•	ax. See instructions				41	+		
42		ive minimum tax (trusts only)		•		42	+		┼
43		Noncompliant Facility Income. Se				43	_		
44		and lines 41, 42, and 43 to line 39 or ax and Payments	40, whichever applies .	· · · ·	<u> </u>	44		0	<u> 1</u>
Part 45a		tax credit (corporations attach Form 11	18: truete attach Form 1116	i) . 45	<u>al</u>	I	$\overline{}$		т —
тоа b	_	redits (see instructions)							
C		business credit. Attach Form 3800							
d		or prior year minimum tax (attach Fo	•			\dashv			
e		redits. Add lines 45a through 45d				45e	.†		
46		et line 45e from line 44				46	+		+
47		kes. Check if from: Form 4255 Form				47			†
48		ax. Add lines 46 and 47 (see instructi				48		D	†
49		et 965 tax liability paid from Form 96				49	+		\dagger
50a		nts: A 2017 overpayment credited to				10	+		\dagger
ь		stimated tax payments							
C		posited with Form 8868			-				
d	-	organizations: Tax paid or withheld		<u> </u>					
e		withholding (see instructions) .					<i>'</i>		
f		or small employer health insurance p				_			
g		redits, adjustments, and payments:		,					
•	☐ Form	4136 V Otl	ner T	otal ▶ 50	g 654.36	ŀ			
51	Total p	ayments. Add lines 50a through 50g	1			51	٦	654	.30
52		ed tax penalty (see instructions). Ch			.	□ 52	1		
53		e. If line 51 is less than the total of lir			1	53	1		
54	Overpa	yment. If line 51 is larger than the to	tal of lines 48, 49, and 52,	, enter amour	nt overpaid .	54		654	.30
55		amount of line 54 you want: Credited to		ì	Refunded	► 55		654.36	3
Part \	VI S	tatements Regarding Certain A	ctivities and Other Info	ormation (s	ee instructions)				
56		time during the 2018 calendar year,							No
		inancial account (bank, securities, o							
		Form 114, Report of Foreign Bank	and Financial Accounts. If	i "Yes," enter	the name of the	foreign	countr	у	ļ
	here >								<u> </u>
57	•	ne tax year, did the organization receive		_	or transferor to, a	foreign t	rust? .	<u> </u>	ļ <u>'</u>
		" see instructions for other forms the	•		•				
_58		e amount of tax-exempt interest rec				host of		doe and be	luge 4
Sign		penalties of perjury, I declare that I have examine prect, and complete Declaration of preparer (other				ige.	-		
	1 1	Lan V Ela.	1-27-2020 Chi	ief Financial C	Misor			discuss this arer shown	
Here		re of officer	Date Title		JIIIC U F			ns)? [Yes	
	Josephan	Print/Type preparer's name	Preparer's signature		Date			PTIN	
Paid		Typo propiator o riamo	. Topas of a signature			Check l self-emp		•	
Prepa		Eirm'e name							
Use (Only	Firm's name		-		Firm's Ell	<u> </u>		

	90-T (2018)			<u> </u>		F	Page 3
Sche	dule A—Cost of Goods Sold.	Enter method	of inventory v	/aluation ▶			
1	Inventory at beginning of year	1	6	Inventory at end of year	6		
2	Purchases	2	7	Cost of goods sold. Subtract		_	
3	Cost of labor	3		line 6 from line 5. Enter here and			
4a	Additional section 263A costs			in Part I, line 2	7		
	(attach schedule)	4a	8	Do the rules of section 263A (with	h respect to	Yes	No
b	Other costs (attach schedule)	4b		property produced or acquired for	resale) apply		
5	Total. Add lines 1 through 4b	5		to the organization?			
Sche	dule C-Rent Income (From F	Real Property	y and Persona	al Property Leased With Real Pro	perty)		
(coo	instructions)						

2	Purchases	2		J /	Cost of	goods sold. Subtract	
3	Cost of labor	3			line 6 from	line 5. Enter here and	
4a	Additional section 263A costs			1	in Part I, lin	ne 2	7
	(attach schedule)	4a		8	Do the rul	es of section 263A (wit	h respect to Yes No
ь	Other costs (attach schedule)	4b				roduced or acquired for	
5	Total. Add lines 1 through 4b	5	1			nization?	
	dule C—Rent Income (From I		1 Per				
	instructions)						
1. Desci	nption of property						
(1)	·						
(2)							
(3)							
(4)							
	2. Rent re	ceived or accrued					
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)		for pers	sonal prop	perty exceeds		connected with the income I 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total		Total				(b) Total deductions.	
	al income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)					Enter here and on page Part I, line 6, column (B)	
Sche	dule E-Unrelated Debt-Fina	nced Income (see	instru	ctions)	-		
			2. 0	Gross inco	me from or		nected with or allocable to sed property
	Description of debt-financed p	property	alloc	able to de prope	ebt-financed erty	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			Τ				
(2)							
(3)							
(4)							
a	acquisition debt on or collocable to debt-financed debt	erage adjusted basis f or allocable to -financed property attach schedule)	,	6. Col 4 dıvı by colu	ded	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)					%		
(2)					- %		
(3)					%		
(4)					%		
						Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Tatala							1

Total dividends-received deductions included in column 8

Schedule F-Interest, Anni	uities,	, Royalties,				anizations (se	e instruc	tions)	
			Exempt	Controlled	l Organizations				
Name of controlled organization		Employer fication number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	included in the c	5. Part of column 4 that is included in the controlling organization's gross income		ductions directly ected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	ations	3							
7. Taxable Income 8. Net unrelated inc (loss) (see instruction					10. Part of column included in the coorganization's gro	ontrolling	connec	eductions directly sted with income in column 10	
(1)								<u> </u>	
(2)									
(3)									
(4)	•						** _ tal. 4		
Totals						Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11. ere and on page 1, line 8, column (B)
Schedule G-Investment I	ncon	ne of a Sect	ion 501	(c)(7), (9),	or (17) Organi	zation (see inst	ructions	:)	
1. Description of income		2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi	s	5. To and s	etal deductions et-asides (col. 3 olus col. 4)
(1)	-+			,,,,,,					
(2)									
(3)					··		-		
(4)									
Totals	Enter here and Part I, line 9, c						Enter here and on page 1, Part I, line 9, column (B).		
Description of exploited activity		2. Gross unrelated business inco from trade of business	3. Expenses directly connected with production of		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)							<u> </u>		
(4)		Enter here and page 1, Part line 10, col (i, pa	r here and on ge 1, Part I, 10, col (B)	G	•	l _{-;}	e e	Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncom	ne (see instru	ctions)						
Part I Income From P				a Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									<u> </u>
(2)		_]]
(3)]				ļ !
(4)									
Totals (carry to Part II, line (5))	Þ					· ···		-	Form 990-T (2018)

Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col. 3). If 7. Excess readership 2. Gross costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of periodical advertising minus column 5, but advertising costs income costs income a gain, compute not more than cols. 5 through 7. column 4) (1) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col. (A) page 1, Part I, line 11, col (B). on page 1, Part II, line 27. Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title unrelated business (1) % (2) % (3) % (4) %

Form **990-T** (2018)

Entrust - 54-1256309

Statement to accompany 2018 990-T Amended Return, due to

Section 512(a)(7) Repeal.

Changes made (line number and reason):

- repeal of Section 512(a)(7)
- 48 repeal of Section 512(a)(7)
- 50g repeal of Section 512(a)(7)
- repeal of Section 512(a)(7)

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