# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

			== 10							
			dar year, or tax year beginning	01/01/2022	and ending	di	12/31/2		- 1	
В	Check if	applicable:	C Name of organization THE 85 Ft	JND				D Employer	identificati	on number
$\checkmark$	Address	change	Doing business as					1	20-246687	1
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street add	ress)	Room	/suite	E Telephone	number	
	Initial ret	turn	9800 Hillwood Parkway Ste 14	0				5	61-563-354	17
	Final retu	m/terminated	City or town, state or province, co	untry, and ZIP or foreign postal c	ode		1			
	Amende	d return	Fort Worth, TX 76177	and the second s	11.00	San San T		G Gross rec	eipts \$	134,753,000
	Applicat	ion pending	F Name and address of principal office	cer: Carrie Severino		nanc-sp	H(a) Is this a gro	oup return for sub	oordinates?	Yes 🗸 No
_	- 1		9800 Hillwood Parkway, Ste 14	10, Fort Worth, TX 76177			H(b) Are all se	ubordinates in	ncluded?	Yes No
-	Tax-exe	mpt status:	▼ 501(c)(3) 501(c) (	) (insert no.) 4947(a)	(1) or 527	7	If "No," attack	a list. See in	structions.	
J	Website	Torrest Santa Va	Houthingstand Roman Portraining Committee	and the second second second second			H(c) Group ex	kemption nun	nber	
K	Form of	organization:	Corporation Trust Associat	ion Other	L Year of for			M State of I		e: VA
	art I	Summa		The second secon	-					(m) (m) (m)
_	2 174		cribe the organization's missi	on or most significant acti	ivities' To e	ducate	the public	and suppo	rt activitie	s that
•	bes	- San Control - Million for the	he relationship between structu	A STATE OF THE STA						
Governance			ie relationship between structu	ii ai iiiiiits on government p	ower and the	Piore	Cuon or ou		u our nee	401113.
Ē	2	Check this	box if the organization di	scontinued its operations	or disposed	of m	ore than 25	% of its n	et accete	
ò	3		voting members of the gover					3	01 400010.	3
8	4		independent voting members					4		*1
Activities &	5		per of individuals employed in					5		9
ž	6		per of volunteers (estimate if r	•				6		0
Ç			ated business revenue from F	LT PROBLEM TO L. R T				7a		
٩	7a							7b		0
_	b	ivet unreia	ted business taxable income	from Form 990-1, Part I, II	ne II	<u> </u>			Current	0
		Cantaibuti	and areato (Post VIII line :	114)		-	Prior Yea			
ne	8		ons and grants (Part VIII, line	117,3	15,050	- 1	134,753,000			
Revenue	9	-	ervice revenue (Part VIII, line	•		_		0		0
Re	10		t income (Part VIII, column (A)		_	7-1-1	0		0	
	11		nue (Part VIII, column (A), line			117 215 050				
- 1	12		nue-add lines 8 through 11 (m		15,050	- 1	134,753,000			
	13		d similar amounts paid (Part I)							103,989,207
	14		aid to or for members (Part IX			_		0		
98	15		ther compensation, employee t		), lines 5–10)	- Bar.	1,4	11,021		1,244,817
Sus	16a		al fundraising fees (Part IX, co					0		0
Expenses	b	Total fund	raising expenses (Part IX, colu	umn (D), line 25)	0	0				
ш	17	Other exp	enses (Part IX, column (A), line	es 11a-11d, 11f-24e) .	· · · · · · · ·	- 2	32,3	32,398,542 33,584		
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A),	line 25) .		113,5	88,711	Marin maring	138,818,674
-3	19	Revenue le	ess expenses. Subtract line 1	8 from line 12		A 10	3,7	26,339	Berry Corp., to O	-4,065,674
o ses				The second of th	ON THE STREET	Beg	inning of Curr	ent Year	End of	Year
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)			1 100	10,2	78,564		6,212,890
Ass d Br	21	Total liabil	ities (Part X, line 26)	· · · · · · · · · · · · ·			1 - 1044)	· · · · · · · · · · · · · · · · · · ·	pare to a second	0
F S	22	Net assets	or fund balances. Subtract li	ne 21 from line 20		· F	10,2	78,564	Service of the service of	6,212,890
	art II	Signatu	re Block	eran et s	at want can	ra zopas	De nice para	er brigaring		
	_	alties of periun	, I declare that I have examined this i	return, including accompanying s	chedules and s	stateme	nts, and to th	e best of my	knowledge a	and belief, it is
tru	e, correc	t, and comple	te. Declaration of preparer (other than	officer) is based on all information	n of which prep	parer ha	s any knowled	dge.	•	
		†-terminopolici	No Contract							
Sig	n	Signature of	officer				Date	1		
	re	# 504048880488	erino, Director, Secretary							
•••			name and title							
_		1	e preparer's name	Preparer's signature		Date	-	Ohari [7]	if PTIN	
Pa		Chauma	Of the second	oparor o signaturo		Jano	*	Check ✓ self-employ	"	1770004
Pr	epare	Shawna				1	- I - ·		10	1779004
Us	e On	ly Firm's na					Firm's		92-0423	
-		Firm's ad			Alaa-		Phon	e no.	765-263	
_			this return with the preparer			-10				
For	Paper	work Reduc	tion Act Notice, see the separa	te instructions.	C	at. No.	11282Y		For	m <b>990</b> (2022

	III Stateme	ent of Program Service	e Accomplishments		Page
**	Check if	Schedule O contains a	response or note to any line in this Part III		[
1		e the organization's miss			
		public and support activit ur dignity and our freedom	ities that highlight the relationship between structural limits on government ms.	*	d the
1					
2	prior Form 990	or 990-EZ?	gnificant program services during the year which were not listed on the	☐ Yes	<b>☑</b> No
3	Did the organ		ng, or make significant changes in how it conducts, any program		
		be these changes on Sci		☐ Yes	☑ No
4	Describe the o expenses. Sec	rganization's program settion 501(c)(3) and 501(c)	service accomplishments for each of its three largest program services, c)(4) organizations are required to report the amount of grants and allocations, for each program service reported.		
4a	(Code:	) (Expenses \$ 13	37,238,713 including grants of \$ 103,989,207 ) (Revenue \$		) :
	Organization m	ade grants and undertook	k activities to educate the public about the importance of constitutionalism, the courts, education policies, and election reforms.	limited	
					1
	***************************************				
				1 - 1 1	
				10101	
			the second of th		
4b	(Code:	) (Expenses \$	including grants of \$) (Revenue \$	145213	)
4b :	3125 W V		including grants of \$ (Revenue \$	14321 a	)
4b -	3125 W V		V. 200. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	14501	) :
<b>4b</b>	3125 W V		V. 200. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	17371	)
4b	3125 W V		V. 200. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	19371	) ***
4b	3125 W V		V. 200. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	193014	
0 6 1 12 1					
0 6 1 12 1			V. 200. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
0 6 1 12 1					
0 6 1 12 1					

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

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 137,238,713

Part	V Checklist of Required Schedules			ago
gar.			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	<b>V</b>	- 1
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>√</b> / /	-
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	,	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	7		Ė
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		10 P	400
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	133		
0	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		*	٠.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	∠7∋	- 7	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8	- 7	1
1941	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	- 2	X	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9 /		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3	1 1	1.7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
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.	綴譜	10 65 miles	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	norm.	20 1 10	270
27	complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
8	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		-	
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	3	1
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		1 4
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	7.11		1
	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1	-	907
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	10 1	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1 - 1	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	111		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			
45		14b		1. √.
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	45		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	1
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		1
1	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	1 4 7	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	1
gir.	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
- CONTROL - CONT	If "Yes," complete Schedule G, Part III	19	7 - 3	1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	- 1 2	1
	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		111 - 211	4
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	.70

Part	Checklist of Required Schedules (continued)			
Digash		V	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		1
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	-		
240	employees? If "Yes," complete Schedule J	23	1 V 1	
24a	\$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	04-		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
c	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	9 11 11	
25a	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	4	1
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		1
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		·
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		4	
	persons? If "Yes," complete Schedule L, Part III	27		1
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 "Yes," complete Schedule L, Part IV	28a	5	1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	F	1
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	1	ă
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	- 1 - 1 - 1 - 1	1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
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	32		a.√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<b>√</b>
35a	or IV, and Part V, line 1	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			1
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	35b		
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	36		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		1 √ 1
Part	A CONTRACTOR OF THE PROPERTY O	38	<b>✓</b>	-
	Check if Schedule O contains a response or note to any line in this Part V			
	The second the selling of the following the following the second of the		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1000000		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	All Contracts

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	nn s	Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			10年					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	a 🗸 🖟	l.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	4 . 1	√_					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	5 1	1 1					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		,					
		4a	25.00	V					
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	150							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	EE EE	1					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1					
c	14 M . B . E . E . E . B . B . B . E								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		. 7.					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	1					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			H.					
	gifts were not tax deductible?	6b		2-1					
7	Organizations that may receive deductible contributions under section 170(c).		1000						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	YES	92092						
	and services provided to the payor?	7a		<b>√</b>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1 /					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		,					
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		-					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	4	6.7					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	100	5					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	No.	1000					
108	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	•	1998						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
ъ 10	Section 501(c)(7) organizations. Enter:	90		1000					
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11∈	Section 501(c)(12) organizations. Enter:		-4-1	40.000					
а	Gross income from members or shareholders	3/11							
b	Gross income from other sources. (Do not net amounts due or paid to other sources	£ 6							
12	against amounts due or received from them.)	1 3	- 2	5					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	le.		1471					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		20.00					
-	Note: See the instructions for additional information the organization must report on Schedule O.			14					
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans	Sales.	and it						
С	Enter the amount of reserves on hand	1							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	2	1					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	-	91.5					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	145		.,					
		15	ASSOCIATE	V					
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1					
.0	If "Yes," complete Form 4720, Schedule O.	200		100					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	and the same of th	- Control of	Acceptance of the					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes." complete Form 6069.	ARXI.	MANAGE TO SERVICE AND ADDRESS OF THE PARTY O	W. 70 W.					

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- Orm	$\alpha \alpha \alpha$	(2022)
COLLI	2220	120221

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	s on S	chedule O.	See in	struc	tions.
Canti	Check if Schedule O contains a response or note to any line in this Part VI					. 🗸
Secu	on A. Governing Body and Management		e i radonica a		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a		3		
р 2	Enter the number of voting members included on line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		nship with	2		1
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or or	under				1
4	Did the organization make any significant changes to its governing documents since the prior For			0.4	1 - 1	1
5	Did the organization become aware during the year of a significant diversion of the organization	on's as	ssets?.	5	- : (	1
6 7a	Did the organization have members or stockholders?		or appoint	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?			7b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	ndertak	en during	27.8		
а	The governing body?			8a	1	1.7
ь 9	Each committee with authority to act on behalf of the governing body?			8b	1	-
·	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		1
Secti	on B. Policies (This Section B requests information about policies not required by th	e Inte	rnal Reve	nue C	ode.)	
\$3	The second secon				Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t			_	1	1 6
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990		(4)			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	٠		12a	1	1 -
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the describe on Schedule O how this was done.			12b	1	
13	Did the organization have a written whistleblower policy?			13	1	
14	Did the organization have a written document retention and destruction policy?			14	1	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation o	on and	decision?			
a b	The organization's CEO, Executive Director, or top management official			15a 15b	1	-
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or sim			1	\$ 000 mg 1	
	with a taxable entity during the year?			16a		1
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safe	guard the	2003920353		
Secti	on C. Disclosure	10.1				
17 18	List the states with which a copy of this Form 990 is required to be filed <b>None</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that			)-T (sed	ction	501(c)
19	Own website Another's website Upon request Other (explain on Some Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	chedu	le O)	of inte	rest p	oolicy
20	State the name, address, and telephone number of the person who possesses the organizati Neil Corkery, (561)563-3547	on's b	ooks and r	ecords		

	(2022)

Page 7

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

#### 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 no	r any relate	d org	aniz	zatio	on c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box,	unle	Pos heck ss pe	erson	e than on is both tor/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Ormal Skinner	40.00	4	1 0	0.0						
Counsel	0.00					1		278,250	0	0
Jason Snead	40.00	* *	y 11	1 1			0.8	The second second second		
Counsel	0.00	0		1		1		195,000	0	- 0
Carrie Severino	30.00	× .		1	3 /	24		La San Lancas	4	1
Director, Secretary	0.00	. ✓		1				179,242	0	0
Trent England	40.00	7 15 1			- 7		1.5			1
Counsel	0.00	2				1		163,218	0	0
Ann Corkery	20.00	N 9,11		,	17.9	The Fill	10.00	* 1 1	3-1 - St. 4-	r mark to the
Counsel	0.00					1	1	132,650	0	0
Gary Marx	5.00		1		1	1	7. 1.			Trail 1
Director, Treasurer	0.00	.√ °	1.4	1	,	1, , ,	1	0	0	0
Todd Graves	0.25	9 1 2	2.3	* 4	4.7	10 11 10	1.	******	4.1.2	7 7 7 7
Director, Chairman	0.00	. ✓	1	1	1 ,	1 m m	1 4	**************************************	0	0
			, ,	2		7 0 3	1			
	-		7	5						
		2.4	7 1	- 7	4 4		3 /			d and an analysis of
1				0.1	1		1 1	<ul> <li>For a contract of the contract of</li></ul>	And the American	CATCHER STREET
Surrey market	,		10 7	1 1	- 1		1 1	A + A 100 - 100 - 1		And the second
			2 -				7.9		1	

(A) Name and title		(B) Average hours per week	(do n	Posi (do not check i box, unless per officer and a di			than of is both or/trus	one n an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
	To see all Asian District Control of	a   1 - 1			1				3 · · · · · · · · · · · · · · · · · · ·		,	
			,		2 1		. ;				y, 15	
						3 1	7					
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			-								F 1	
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						- 1				y y		
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	1 310				. 0						0	
				3 -		1 -						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 1	1 .				1	a series de la companya de la compan	er agent or sweet and	
С	Subtotal				•				948,360	0	May be a first	
2	Total (add lines 1b and 1c)							ted	948,360 above) who re	eceived more f		
3 4	Did the organization list any former employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations individual	Schedule Je sum of regreater the	for si porta an \$	uch ble 150,	ind con ,000	ividi npe )? I	ual nsatio f "Ye	on a	loyee, or highes	nsation from the	3	
5	Did any person listed on line 1a receive of for services rendered to the organization										5	
Secti	on B. Independent Contractors	w.)			1		-		44 A 44 A 44 A 44 A		* ** * * ** ** ** ** **	
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	fress	1.274.00						(B) Description of ser	vices	(C) Compensation	
See S	chedule O, Statement 1	l eni i					9 - 1	1	· Papagan sangan an an		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	S	v	201 T A	,	1				-1			
	P	1 1			1			-		_	1	
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abov	re) who		

12

Total revenue. See instructions

Part	VIII	Statement of Rev Check if Schedule			espon	se or note to a	ny line in this Pa	art VIII			
				ins Li	ř.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a-1f	ues		undraising events 1c lelated organizations 1d sovernment grants (contributions) ll other contributions, gifts, grants,		134,753,000		1-9/3/20		
0 0	h	Total. Add lines 1a-	-11 .			Business Code	134,753,000	110		400000	
Program Service Revenue	2a b c d e f g	All other program so Total. Add lines 2a- Investment income	ervice -2f .	revenue 	dend	s, interest, and	0		P 16 5 7 1		
and with region (b) in the	4 5 6a	Gross rents	nent d		npt bo	ond proceeds (ii) Personal					
	C	Less: rental expenses Rental income or (loss)	6b	9 7 77	0	C					
	d	Net rental income o	r (los	s)							
ent	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	7a	(i) Securi	ties	(ii) Other		MAT			
Revenue	С	and sales expenses . Gain or (loss)	7b 7c		0	0		182 5 67			
	ď	Net gain or (loss)					Marie St. Land				
Other	8a	Gross income fro events (not including of contributions re 1c). See Part IV, line	\$ porte	C	) 8a				a singues of the first		
	b	Less: direct expens			8b	5. v				For dis 20	
		Net income or (loss Gross income activities. See Part	from IV, lin	gaming e 19 .	9a	ents	Na.				
		Less: direct expens			9b			Selfmann unter 19		100000000000000000000000000000000000000	
VA. Periodicina	10a b	Net income or (loss Gross sales of in returns and allowan Less: cost of goods	nvent ces sold	ory, less	10a 10b	#	A. A		a temperatural contraction	ng distribution and the	
	С	Net income or (loss	iron	sales of I	rivento	Business Code	Balla Roya Colonia	Taken to a section of	7 (6 ST = 16 SS = 7)	SANGTAR BURNING	
Miscellaneous Revenue	11a b c d	All other revenue			 	business Code			<b>等范蠡张</b> 智		
Σ		Total Add lines 11:	2_11	4:	0.00			<b>经验证的过去式</b>	SERVICE STATES	是 10 mm (10 mm (20 mm)	

134,753,000

0

0

#### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
_	Check if Schedule O contains a response			17.47.187.187.187.187.187.187.187.187.187.18	
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
-1-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	103,989,207	103,989,207		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		on a second of the second of t	g derroganisation of the	1
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
<b>4</b> <b>5</b>	Benefits paid to or for members	170.242	170.242		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	179,242	179,242	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	989,223	890,301	98,922	0
9	Other employee benefits	0	- 4		D 131.00
10	Payroll taxes	76,352	68,717	7,635	
11	Fees for services (nonemployees):		1 1		8 % % %
а	Management	10 A 40 - 10 A	to a second	a control to the	. 2 11
Ь	Legal	2,647,034	2,594,093	52,941	0
d	Accounting	45,705	0	45,705	0
e	Lobbying				
f	Investment management fees	No. 10 CT of CT 9	A L		
g	Other. (If line 11g amount exceeds 10% of line 25, column	11.000 1 29			
	(A), amount, list line 11g expenses on Schedule O.) .	27,511,426	26,303,414	1,208,012	0
12	Advertising and promotion	1,114,108	1,114,108	0	0
13	Office expenses	112,563	67,538	45,025	0
14	Information technology	7 7 1 1 1 1	Arrive State of the Control of the C	2	
15	Royalties	to report the total	gr teordored is	*	-
16 17	Occupancy	204.070	204.070		
18	Payments of travel or entertainment expenses	324,670	324,670	0	0
	for any federal, state, or local public officials	8 6 d f 6 d a 124	are reconstruit and the second second	30 VI.	
19	Conferences, conventions, and meetings .	1,707,423	1,707,423	0	0
20	Interest	* * · · · · · · · · · · · · · · · · · ·	1 1 1 1 1	become in which six you	
21	Payments to affiliates				- 6
22	Depreciation, depletion, and amortization .				
23	Insurance	45,508	0	45,508	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				and the second
	line 24e amount exceeds 10% of line 25, column	Hard Commence			and the second of the second
	(A), amount, list line 24e expenses on Schedule O.)		and the second	etallie Seta Mis	3,217.7
а	a the state of the second control of the				
b		4			
С		1 -	/	d .	
d		ψ	A	4 1	
e	All other expenses	76,213	0	76,213	0
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	138,818,674	137,238,713	1,579,961	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet	Service Committee Committe	enter = pro	
4000	-,41 %	Check if Schedule O contains a response or note to any line in this Pa	rt X		
	g me	And the second of the second o	(A) Beginning of year		(B) End of year
3.95	1	Cash-non-interest-bearing	10,278,564	11:	6,212,890
		Savings and temporary cash investments	Dog a variety	2	
		Pledges and grants receivable, net	4.0	13 1	90
		Accounts receivable, net	) H	4	
		Loans and other receivables from 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	1	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	<b>以公司中国教育</b> 和64000000000000000000000000000000000000	6	2000年100年100
s		Notes and loans receivable, net	1	*7*	, a
Assets		Inventories for sale or use	kw m	8	
		Prepaid expenses and deferred charges	No. of the second second second second	9	2
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	CANAL TOTAL A		
	1	Less: accumulated depreciation 10b		10c	
		Investments—publicly traded securities		111 A	9.17
		Investments – other securities. See Part IV, line 11	1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	112	17
		Investments—program-related. See Part IV, line 11		#13 #	9.
	14	Intangible assets		#14 · ·	West St.
		Other assets. See Part IV, line 11		1151	en e
ì	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,278,564	416 t	6,212,89
5.	17	Accounts payable and accrued expenses		117#	10310 T. J. T. E
		Grants payable	e to some a constitution	181	Server to the server
		Deferred revenue	y lager to move the ward	19	
	900	Tax-exempt bond liabilities	a terror or other a	20	1 2 = 1
		Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities		Loans and other 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	ing states targets.		
a				22	ie i
-		Secured mortgages and notes payable to unrelated third parties	4. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23	
	25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		v	The state of the s
3		of Schedule D	k sp sp. sp v	25	The product of a particular stranger
ii.		Total liabilities. Add lines 17 through 25	0	26	
ances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ale		Net assets without donor restrictions	10,278,564	27	6,212,89
Net Assets of Fully Balances	*	Net assets with donor restrictions	0	28	
ō	29	Capital stock or trust principal, or current funds	3 15 15 15 15 15 15 15 15 15 15 15 15 15	29	Although the strategic and the
100	>	Paid-in or capital surplus, or land, building, or equipment fund		30	
ź	201 27	Retained earnings, endowment, accumulated income, or other funds .	and the second section	31	(- ) ·
Ď		Total net assets or fund balances	10,278,564	32	6,212,89
žΙ	33	Total liabilities and net assets/fund balances	10 278 564	22	6 212 89

33

Total liabilities and net assets/fund balances . .

6,212,890

6,212,890

10,278,564 33

					9
Part				74	
Alvers	Check if Schedule O contains a response or note to any line in this Part XI			٠	
1	Total revenue (must equal Part VIII, column (A), line 12)	(1 n - 5	1	34,75	3,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	38,81	8,674
3	Revenue less expenses. Subtract line 2 from line 1	3	4 24	-4,06	5,674
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	10,27	8,564
5	Net unrealized gains (losses) on investments	# <b>5</b> 4 4 4			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7.0			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	and the			
40.00	32, column (B))	10		6,21	2,890
Part	XII Financial Statements and Reporting				1.7
	Check if Schedule O contains a response or note to any line in this Part XII				
	a takan mangang mengangkan mengangkan mengangkan di pangkan menganggan sa sagajan saga			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	of ager		<b>哈斯</b>	480
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain on			
	Schedule O.			00/5/20	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled or			
	reviewed on a separate basis, consolidated basis, or both:		0.40		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		State .	E-Specia	24.18
ь	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited on a			
	separate basis, consolidated basis, or both:				200
	Separate basis Consolidated basis Both consolidated and separate basis		性能	<b>230</b>	经的图
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for on the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, e		15/54/04	20070	1000
	Schedule O.			To a	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the	BATTAL DE LA CONTRACTOR	Selection (	100000000000000000000000000000000000000
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo the	00	711-	7
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		3b	i v Rock	i Waterpala
C	I special accessing parameters of objections are not object of the first of the contract of a contract of the	comment property (1)	For	n 990	(2022)
			. 511		(====)

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

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

Open to Public Inspection

Name of the organization Employer identification number THE 85 FUND 20-2466871 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). 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.) ☐ 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 10 An organization that normally receives (1) more than 331/3% 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<sup>1</sup>/<sub>3</sub>% 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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) d 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 7,837,050 13,498,500 65,777,856 117,315,050 134,753,000 339,181,456 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . 134,753,000 4 7,837,050 13,498,500 65,777,856 117,315,050 339,181,456 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) . . . . Public support. Subtract line 5 from line 4 339,181,456 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 Amounts from line 4 . . . . . . . 339,181,456 7 7,837,050 13,498,500 65,777,856 117,315,050 134,753,000 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets

11	Total support. Add lines 7 through 10	339,181,456
12	Gross receipts from related activities, etc. (see instructions)	7 10 1
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501	(c)(3)
	organization, check this box and stop here	
Secti	tion C. Computation of Public Support Percentage	F - H I Bigs X

Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .

Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . .

(Explain in Part VI.) . . . . . . .

14 , 15

b	33½% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18	Private foundation.	If the	organization	did not	check	a box on line 13,	16a, 16b	, 17a, or	17b, check	k this box	and see
	instructions										

100 %

14

18

15

## 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.)

	n A. Public Support	(a) 2019	<b>(b)</b> 2019	(c) 2020	(d) 2021	(a) 2022	(f) Total
	ar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2018	(b) 2019	(C) 2020	(a) 2021	(e) 2022	(f) Total
	received. (Do not include any "unusual grants.")						7
	Gross receipts from admissions, merchandise	6	e tongate y	to a support	and long to	4. 1 100 7 1 2 1 2	
	sold or services performed, or facilities		r - 7			-	-
	furnished in any activity that is related to the organization's tax-exempt purpose			in the State of th			£ 4
	Gross receipts from activities that are not an	v	12-27-10	8	N 2011 1 1/2 1 1	* * · · · · ·	
	unrelated trade or business under section 513						
4	Tax revenues levied for the		7 - 2 - 7	7	4000	" Intelligence " is	rit geroon
	organization's benefit and either paid to						
	or expended on its behalf	A	Carrier V. V.	\$ 400 C		2 3 - 3	
5	The value of services or facilities		17 11 14	* * * * * * * * * * * * * * * * * * * *	111	# Alan than is	Secretary regarded
	furnished by a governmental unit to the						
	organization without charge	4 - 11 - 160 - 162	Brailing to see a	Action Forms	* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1	* 1
6	Total. Add lines 1 through 5	Section (Fig. ) is the	Service of the area	1110-00-00-00	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1	
7a	Amounts included on lines 1, 2, and 3		5			2 - 4 - 1 6 - 5	***
	received from disqualified persons .				f		
b	Amounts included on lines 2 and 3	29 20 60	The second second	A A STORY OF THE	Stories .		
	received from other than disqualified persons that exceed the greater of \$5,000		10.17	a esciliar di	The second second	Sign permitted	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	4 4 10 10 10	2 12 12 12 12	7-1-1-1-1-1-1-1-1	Workship and American	Accordances	1
8	Public support. (Subtract line 7c from	CELAN LER WITH	Sed Strang Service	<b>利用でおりなみ</b>	<b>大部户从包括约约</b>	<b>泛用地图图</b> / 65	f is the leaders
	line 6.)						2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Secti	on B. Total Support	ed ment (note (water) eye)	meeter for the	7		at the treatment	No. of page
Calen	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	A to be not a second	44 - 4		Marin Contra	Mark Commence	6.2
10a		The second		1 0 4 77 - 55 4	er et en principa pa	1	
	payments received on securities loans, rents, royalties, and income from similar sources.						
10		No. of the last of			graff the to took	a change y	3-1
b	Unrelated business taxable income (less section 511 taxes) from businesses			the state of			K man and the same
	acquired after June 30, 1975		rice way	3 1 2 W V V V V V V V	1 485		St. 1
c	Add lines 10a and 10b		or a comment of the	13-21-16		1 2	Section 198
11	Net income from unrelated business		Street States of M	11:00 1 1	11.	2. 1-11-1-12	The second second
	activities not included on line 10b, whether		Length to all	7 / 1105 // 1	1 1. 7 (5. 3).	200 14	
	or not the business is regularly carried on	200	5 1. 2 s/ts	Sold out one	Atherite in	2 -	e e Chine not non
12	Other income. Do not include gain or		de la companya de la	er open var en e	The second	The Copper State of A	3 144 11 1 1 1 1 1 1
	loss from the sale of capital assets		1 1 20				
42	(Explain in Part VI.)	post of	5 1 - 7 - 1	The Secretary of the Secretary	promise self-cont	P	all of the second
13	and 12.)		law or V	Samuel Value	a to the steam		-
14	First 5 years. If the Form 990 is for th	e organization	's first, second	I, third, fourth,	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he				•		
Sect	tion C. Computation of Public Suppo	rt Percentag	je sm en i en	ornak a mana a s	And the second of the		
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Sc					16	%
	tion D. Computation of Investment In				(0)	11	
17	Investment income percentage for 2022		The state of the s	Professional Property Comments		17	9/
18 19a	Investment income percentage from 202 331/3% support tests – 2022. If the orga						
198	17 is not more than 33½%, check this box						
b			_				The state of the s
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization	did not check a	hox on line 1	1 19a or 19h	check this hox	and see instru	

#### 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

- 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.
- 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)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "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 discretio 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 determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E 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 Eli 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 actio was accomplished (such as by amendment to the organizing document).
  - Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lir 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 organization 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 bene 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 integrate 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, determine whether the organization had excess business holdings.)

_		Yes	No
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Par	Supporting Organizations (continued)			ugo
	Supporting Organizations (continued)		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	Tes	No
c		11b		
Sec	tion B. Type I Supporting Organizations			
		PATO	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
1-	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sect	ion D. All Type III Supporting Organizations			-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see a the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.			ions)
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	11	g	
2	Recoveries of prior-year distributions	2	. 7 2.5	
3	Other gross income (see instructions)	3	1 st 1	
4	Add lines 1 through 3.	4	b .	4
5	Depreciation and depletion	5		1
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		= 1
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	W. D	1
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	の動		
а	Average monthly value of securities	1a	1	gray of the section of the section of
b	Average monthly cash balances	1b	š	4
С	Fair market value of other non-exempt-use assets	1c		in i
d	Total (add lines 1a, 1b, and 1c)	1d		La la company de
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			to K Tools
2	Acquisition indebtedness applicable to non-exempt-use assets	2	With the modern the second second	2 kg - 1 - 12 - 7 - 7
3	Subtract line 2 from line 1d.	3	de e la deserción de la conse	. W. S. C. S.
4	Cash 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		- E
6	Multiply line 5 by 0.035.	6	Q 1	1
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	A	36 d
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	la con la montra de la constante de la constan	
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	orting organization

Sect	ion D—Distributions		. Waxayaya		Current Year
1 -	Amounts paid to supported organizations to accomplish e	exempt purposes	The second secon	11	
2	Amounts paid to perform activity that directly furthers exe	10.00			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	Y
4	Amounts paid to acquire exempt-use assets			4	1
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part</b>	<b>VI</b> )	5	\$ 10 mm
6	Other distributions (describe in Part VI). See instructions.	en er i t	4	6	4 - 1
7	Total annual distributions. Add lines 1 through 6.			17.	Parameter and Parameter
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	1
10	Line 8 amount divided by line 9 amount			10	
		m	(ii)	_	(iii)
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	Underdistributions Pre-2022		Distributable Amount for 2022
11	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				Transfer of the second
3	Excess distributions carryover, if any, to 2022		TO THE PROPERTY OF SHAPE	- 10	
·a	From 2017				
	From 2018				
С	From 2019				
d					
е	From 2021	W-20-		1	
	Total of lines 3a through 3e	145000 1111			
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount	The call			
ı i	Carryover from 2017 not applied (see instructions)	Marian Maria Control of the Control			NAME OF THE OWNERS OF THE PARTY
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount	155.2	THE PARTY OF THE PARTY OF		
c	Remainder. Subtract lines 4a and 4b from line 4.	THE RESERVE OF THE PERSON OF T	N. M. W. S. C. T. S. C.	- 1	
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		. ,		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.	is a k bens			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020		bis his a keep of the		
d	Excess from 2021	· · · · · · · · · · · · · · · · · · ·			The state of the state of the
е	Excess from 2022		Z Z		The state of the s

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)						
P. C. C. C.	BOOK TO THE PROPERTY OF THE PR						
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## Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

THE 85 FUND 20-2466871 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)( ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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).

Name of organization **Employer Identification number** THE 85 FUND 20-2466871 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person  $\sqrt{\phantom{a}}$ \_\_1\_ **Payroll** 127,500,000 Noncash (Complete Part II for noncash contributions.) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No.  $\checkmark$ Person 2 Payroll Noncash 4,475,000 (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person  $\mathbf{V}$ 3 Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person  $\mathbf{V}$ Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person  $\mathbf{V}$ **Payroll** Noncash 25,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** 7. Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer Identification number** THE 85 FUND 20-2466871 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c)
Total contributions (a) (b) (d) Name, address, and ZIP + 4 Type of contribution No. Person V . 1 **Payroll** Noncash 127,500,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person  $\sqrt{\phantom{a}}$ 2 **Payroll** Noncash 4,475,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 3 **Payroll** 10 2,700,000 Noncash 9 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person  $\checkmark$ Payroll Noncash 50,000 (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution  $\mathbf{V}$ Person 5 Payroll Noncash 25,000 (Complete Part II for noncash contributions.) (a) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 07 **Payroll** Noncash (Complete Part II for noncash contributions.)

of Part II

Name of organization THE 85 FUND

Employer identification number 20-2466871

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

Schedule	/Earm	OOOL	(2022)	

Page of of Part III

Name of organization	the second process of the second	Employ
THE 85 FLIND		

yer identification number 20-2466871

art III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.

) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
art I		l l	
0 t		(e) Transfer of gift	
2 2	Transferee's name, address, a	nd ZIP + 4 Rei	ationship of transferor to transferee
No. rom art 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 nd ZIP + 4 Re	ationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	ationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
n1		(e) Transfer of gift	

# SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

DMB No. 1545-0047	2022	
0		ľ

Open to Public

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule I (Form 990) 2022 **%**□ (h) Purpose of grant or assistance **Employer identification number** 33 ✓ Yes 20-2466871 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Sch I, Stmt 1 THE 85 FUND Part I Part II Ξ 8 3 4 (2) (9) (8) 6 (10) (12) 3

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2022
Part III Grants a

THE 85 FUND

EIN: 20-2466871 Part II, Line 1

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

Marin and the second second		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Donors Trust	52-2166327	92,000,000	
iaille allu audiess	1800 Diagonal Rd			
	Ste 280			
	Alexandria, VA 22314			
RC code section	501 c 3			
Method of valuation	33.70			
Desc. of Non-Cash Asst.				
Purpose of grant	General Support			
Name and address	Federalist Society	36-3235550	2,300,000	
tunio una udali coo	1776 I St NW			
	Ste 300			
	Washington, DC 20006			
RC code section	501 c 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Support			
1 pr + st = 4	Foundation for Individual Rights in Expression Inc	04-3467254	2,066,667	
Name and address	510 Walnut St	070101201	2,000,000	
	Ste 1250 Philadelphia, PA 19106			
	501 c 3			
RC code section	501 63			
Method of valuation				
Desc. of Non-Cash Asst.	General Support			
Purpose of grant	Secretary and the specialist con-	50.4400405	4 200 40	2
Name and address	Ethics and Public Policy Center	52-1162185	1,298,18	2
	1730 M St NW			
	Washington, DC 20036			
RC code section	501 c 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Support	The state of the s		- 19 Table
Name and address	Paragon Health Institute	87-2508858	1,000,00	00
	1320 N Courthourse Rd			
	Ste 540			
	Arlington, VA 22201			
RC code section	501 c 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Support		6	(40) 7 Ga 6 a
Name and address	Freedom Foundation	75-2790350	640,0	00
Haille and address	2609 Sagebrush Dr			
	Ste 208			
	Flower Mound, TX 75028			
IDC and nortice	501 c 3			
IRC code section	501.03			
Method of valuation				
Desc. of Non-Cash Asst.	010			
Purpose of grant	General Support	ennes e e l'Aurilian	Sign of the same of the same of	117 % ELKS

Schedule I, Part IV, Statem		Ad Action in	THE 85 FUN
Name and address	Hawthorn Foundation Inc	84-3042040	600,000
	667 Madison Ave FI 5		
	New York City, NY 10065		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	Manhattan Institute for Public Research Inc	13-2912529	450,000
	52 Vanderbilt Ave		
	New York City, NY 10017		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support	r	
Name and address	Becket Fund For Religious Rreedom	52-1858532	400,000
	1919 Pennsylvania Ave NW		
	Washington, DC 20006		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	American Legislative Exchange Counsel	52-0140979	379,500
	2900 Crystal Dr		
	Ste 600		
Princer echo.	Arlington, VA 22202		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.	General Support		
Purpose of grant		and the first of the second se	11/2 PSS -
Name and address	Independent Womans Forum	54-1670627	350,000
	1875 I ST NW		
	Ste 500		
IDO do eti	Washington, DC 20006 501 c 3		
IRC code section  Method of valuation	501 63		
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
		22 2000452	250,000
Name and address	Vanguard Charitable PO Box 9509	23-2888152	350,000
	Warwick, RI 02889		
RC code section	501 c 3		
Method of valuation	50.00		
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
A COLONIA CONTRACTOR A CONTRACT		52-1543156	250,000
Name and address	Center for Equal Opportunity 7700 Leesburg Pike	52-1543150	250,000
	Ste 231		
	Falls Church, VA 22043		
RC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			

Schedule I, Part IV, Staten		00 4404000	THE 85 FUND
Name and address	Neuro Kids	85-1404999	200,000
	621 Cades Cove Rd		
IRC code section	Valley Grande, AL 36701 501 c 3		
Method of valuation	501 03		
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
-		0/ 0000///	
Name and address	Property and Environment Research Center	81-0393444	200,000
	2048 Analysis Dr Ste A		
	Bozeman, MT 59718		
IRC code section	501 c 3		
Method of valuation	761		
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	Health Markets Policy Network	87-4120601	150.000
. tuille und address	4301 Forest Ln NW	18.33 3.33	89.665
	Washington, DC 20007		
IRC code section	501 c 3/4° 146 kg		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	The Heritage Foundation	23-7327730	150,000
	214 Massachusetts Ave NE		
	Washington, DC 20002		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		to tell a series -
Name and address	Center for Law and Policy	85-4286787	125,000
	1747 Penssylvania Ave NW		
	Ste 800		
	Washington, DC 20006		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.	0		
Purpose of grant	General Support	1 V 10 1 Server and the later	And the second
Name and address	Americans for Limited Govt Foundation	52-2020468	110,000
	10332 Main Street		
	Box 326		50 (101)
	Fairfax, VA 22030		
RC code section	501 c 3		
Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
La de ciri e de dest acceptante :	The state of the second st	40.0040507	440.000
Name and address	National Review Institute	13-3649537	110,000
	19 W 44th St		
	Ste 1701		
RC code section	New York, NY 10036 501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
	General Support		

Schedule I, Part IV, Statem	ent 1		THE 85 FUND
Name and address	CO2 Coalition	47-3722575	100,000
	1621 North Kent St		
	Ste 603		
	Arlington, VA 22209		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support	100	
Name and address	Juris Link	84-2191039	100,000
	7000 N 16 St		
	Ste 120		
	Phoenix, AZ 85020		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	Comell University	15-0532082	80,000
	341 Pine Tree Rd		
	Ithaca, NY 14850		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.	2.54.54.64		
Purpose of grant	General Support	Contract to Contract the Contract to	and the second of the second of
Name and address	Tholos Foundation	52-1400492	68,500
	722 12th Street NW		
	4th FL		
100	Washington, DC 20005		
IRC code section	501 c 3		
Method of valuation  Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
	A CAPACITY CONTRACT AND CONTRACTOR AND CONTRACTOR OF CONTR	00.100000	55.000
Name and address	Energy & Environmental Legal Institute	26-4239065	55,000
	722 12th Street NW		
	4th FL		
IDO and another	Washington, DC 20005 501 c 3		
IRC code section	501 C 3		
Method of valuation  Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
	The second section of the second section is a second section of the second section of the second section of the second section	82-2279600	50,000
Name and address	Legal Insurection Foundation 222 Jefferson Blvd	02-2219000	30,000
	Warwick, RI 02888		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	National Civic Art Society	38-3686330	50,000
Haine and address	300 New Jersey Ave NW	<del>55-000000</del>	44,444
	Washington, DC 20001		
IRC code section	501 c 3		
Method of valuation	5.5.3		
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
	The transfer of the transfer o	Maringover Maringover States	The state of the s

Schedule I, Part IV, Staten	nent 1		THE 85 FUND
Name and address	State Policy Network	57-0952531	50,000
	1655 Fort Myer Dr	do pasta o	
	Ste 360		
	Arlington, VA 22209		
IRC code section	501 c 3		
Method of valuation Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address		20-3676886	47.500
Name and address	Georgia Community Foundation 3740 Davinci Ct	20-30/0000	47,500
	Ste 375		
	Peachtree Corners, GA 30092		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		, a su se v
Name and address	The Free State Foundation	74-3160646	40,000
	10701 Stapleford Hall Dr		
	Potomac, MD 20854		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.	general years and		
Purpose of grant	General Support	makerighted a final colory of profit	H-12
Name and address	Witherspoon Institute	55-0835528	39,338
	16 Stockton St		
	Princeton, NJ 08540		
IRC code section  Method of valuation	501 c 3		
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	Conscience Project	86-2366365	32,000
Tunio una addicas	1350 Beverly Rd	3 A TEO 1747	
	Ste 115 196		
	McClean, VA 22101		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	General Support		
Name and address	American Conservative Union Foundation	52-1294680	25,000
	1199 N Fairfax St		
	Ste 500		
	Alexandria, VA 22314		
IRC code section	501 c 3		
Method of valuation			
Desc. of Non-Cash Asst. Purpose of grant	General Support		
The second secon		E0 / 100507	05.000
Name and address	Americans for Tax Reform	52-1403587	25,000
	722 12th Street NW		
	4th FL Washington, DC 20005		
IRC code section	washington, DC 20005 501 c 3		
Method of valuation			
Desc. of Non-Cash Asst.			

1 1 - 1

Purpose of grant	General Support	1	yers significant	
Name and address	Centennial Institute	84-0442429	25,000	
	8787 W Alameda Ave			
	Lakewood, CO 80226			
IRC code section	501 c 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Support		n an 14 5	
Name and address	Chicago Freedom Trust	26-4123223	20,000	
	328 W Wisconsin St			
	Chicago, IL 60614			
IRC code section	501 c 3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Support	der gete ter		
Name and address	Faith Wins	82-0615418	20,000	
	107 Connelly Dr			
	Prosperity, SC 29127			
IRC code section	501 c 3			
Method of valuation	ings so signified (2015). The Existence respecting to a			
Desc. of Non-Cash Asst.				
Purpose of grant	General Support	era d'alla de la companya della companya della companya de la companya della comp	3.45.4	
Name and address	Young Americans for Liberty Foundation	45-3503672	15,000	
	3267 Bee Cave Rd			
	Ste 107-65			
	Ste 107-65			
	Austin, TX 78746		,	
IRC code section	Austin, TX 78746			
IRC code section Method of valuation	Austin, TX 78746			
	Austin, TX 78746			
Method of valuation  Desc. of Non-Cash Asst.	Austin, TX 78746 501 c 3			
Method of valuation  Desc. of Non-Cash Asst.	Austin, TX 78746 501 c 3		10,000	
Method of valuation Desc. of Non-Cash Asst. Purpose of grant	Austin, TX 78746 501 c 3 General Support	spect to the fling	10,000	
Method of valuation  Desc. of Non-Cash Asst.  Purpose of grant	Austin, TX 78746 501 c 3  General Support  March For Life Defense	spect to the fling	10,000	
Method of valuation  Desc. of Non-Cash Asst.  Purpose of grant	Austin, TX 78746 501 c 3  General Support  March For Life Defense 1012 14th St NW	52-1231772	10,000	
Method of valuation  Desc. of Non-Cash Asst.  Purpose of grant	Austin, TX 78746 501 c 3  General Support  March For Life Defense 1012 14th St NW Ste 300	52-1231772	10,000	
Method of valuation Desc. of Non-Cash Asst. Purpose of grant Name and address	Austin, TX 78746 501 c 3  General Support  March For Life Defense 1012 14th St NW Ste 300  Washington, DC 20005 501 c 3	52-1231772 52-1231772	45	
Method of valuation Desc. of Non-Cash Asst. Purpose of grant Name and address IRC code section	Austin, TX 78746 501 c 3  General Support  March For Life Defense 1012 14th St NW Ste 300  Washington, DC 20005 501 c 3	52-1231772 52-1231772	45	

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

20-2466871

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE 85 FUND

Employer identification number

Part	Questions Regarding Compensation	1 8		
		- 1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
				2 FEE
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	ない意		
	☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			1000
	Discretionary spending account Personal services (such as maid, chauneur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1000000000	-	151100000
	explain	1b		41
		1000	177	98
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	1		3
	1a?	2	(Service)	140/2004
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study	1	100	
	☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
		3		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			42.
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✓
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		27.2	
		5	3 1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.	87		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	1		,
a	The organization?	5a		V
b	Any related organization?	5b		V
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
٩	compensation contingent on the net earnings of:			
а	The organization?	6a		1
ь	Any related organization?	6b		1
_	If "Yes" on line 6a or 6b, describe in Part III.	HIS T		7.3
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	1200 120 100	ALCOHER	
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7.7	9 1 4	✓.
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	1	S 1 1	¥
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	y	1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization or row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Ormal Skinner, Counsel (i) 278,250 (ii) 0 28 250 (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(ii) Bonus & incentive compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(iii) Other reportable compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other deferred compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Denotics (4)	278,250 278,250 0 195,000 0 179,242 0 163,218	in column (B) reported as deferred on prior Form 990 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Ormal Skinner, Counsel (i)  Jason Snead, Counsel (i)  Carrie Severino, Director, (i)  Secretary (ii)  Trent England, Counsel (i)  (ii) (ii) (iii) (iii		0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0	278,250 0 0 195,000 0 179,242 0 163,218	0 0 0 0 0 0
(ii)  Carrie Severino, Director, (iii)  Trent England, Counsel (iii) (ii		0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	195,000 0 179,242 0 163,218	0 0 0 0 0
Jason Snead, Counsel (i) (ii) (ii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiiiii		0 0 0 0	0 0 0 0		195,000 0 179,242 0 163,248	0 0 0 0
Carrie Severino, Director, (i) Secretary (ii) Trent England, Counsel (ii) (ii) (iii)		0 0 0 0	0 0 0 0		179.242 0 0 163.218	0 0 0 0
Carrie Severino, Director, (i) Secretary (ii) Trent England, Counsel (ii) (ii) (iii)		0 0 0	0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	179,242	0 0 0
Trent England, Counsel (i) (ii) (ii) (iii)		0 0 0	0 0	0 0 0	163,218	0 0
Trent England, Counsel (i) (ii) (ii) (iii)		0 0	0	0	163,218	0
		0	0	0		0
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(ii)		A 101 C 101				A STATE OF THE STATE OF THE STATE OF
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15 (ii)					**	
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Schedule J (Form 990) 2022
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.

Schedule I (Form 900) 2022		The Contract of the
-	Special Company of the Company of th	Designation of the leading of the le

#### SCHEDULE L (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

THE 85 FUND								,,	20-2	24668	71		
Part I Excess Bene	fit Transaction	ns (section 501	(c)(3), s	section	501(c)(4), a	nd se	ction 501(c)(2	29) orgai	nizatio	ns on	ly).		- 1100
	ne organization					ne 25					/, line		_
1 (a) Name of disquali	fied person	(b) Relationship between disqualified person and organization (c) Description of tra						1		(d) Cor			
44)		1 1 1 1 1 1 1 1	Or gariizai									Yes	No
(1)		and a second	Contractor Contractor									F 1	91
(2)													
(3)													
(4)													
(5) (6)													
2 Enter the amount under section 4958 3 Enter the amount of	3								e year	\$_ \$_			
Complete if the	d/or From Interne organization reported an am  (b) Relationship	answered "Ye ount on Form ! (c) Purpose of	s" on F 990, Pa	art X, line	e 5, 6, or 22 (e) Origin	2.	e 38a or Form		art IV,	(h) Ap	proved	(i) W	ritten
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	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Shorgani	zation
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art V	Supplemental Information. Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
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Schedule L, Part V, Statement 1

Form: Schedule L (2022)

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THE 85 FUND

EIN: 20-2466871

Part IV

**Description of Business Transactions Involving Interested Persons** 

	Amount of transa	action
Name	Madison Strategies 12	22,100
Relationship with organization	35% controlled entity of Director Gary Marx	
Description of transaction	Consulting services	
Sharing Of Revenues	No promise and the state of the	

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#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection
Employer identification number

THE 85 FUND	20-2466871
Form 990, Part VI, Section B, Line 11b - The Form 990 is prepared by an Independent Contractor. C	Officers review the Form 990 prior to
filing with the Internal Revenue Service (IRS).	
Form 990, Part VI, Section B, Line 12c - Officers and Directors are required to read the Conflict of I	Interest Policy and disclose any potential
conflicts, on an annual basis.	interest Policy and disclose any potential
Cornilicis, ori ari ariinda basis.	
Form 990, Part VI, Section B, Line 15 - The compensation of the Officer/Director is reviewed annua	lly by the independent members of the
Governing Body and established based on performance and available data of compensation of sin	nilar organizations.
Form 990, Part VI, Section C, Line 19 - The organization does not make these documents available	to the public.
Form 990, Part VII, Section B, Line 1(C) - Form 990 Part VII Section B. Fees paid to consultants are	reviewed in detail and approved by the
board of directors at regular board meetings throughout the year.	
Form 990, Part IX, Line 11g - Amount of \$27,511,426 consists of: Program Service Expenses- \$2,80	01.090 Consulting, \$3.189.329
Educational Advocacy, and \$20,312,992 Consulting/Public Affairs and Management/General Exper	
Payroll Services.	
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Schedule O, Statement 1

Form: Form 990 (2022)

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THE 85 FUND

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Part VII, Section B Contractor Compensation

Name and address:	Description Of Services	Compensation
CRC Advisors 2760 Eisenhower Ave 4th FI Alexandria, VA 22314	Consulting/Public Affairs/Advertising	21,360,985
Valentine Group LLC 23 Dorado Beach East Dorado Beach, PR 00646	Educational Advocacy	1,433,530
Center For Rule of Law 9907 Georgetown Pike Ste 148 Great Falls, VA 22066	Consulting	940,000
Creative Direct 1402 Belleville St Richmond, VA 23230	Educational Advocacy	926,709
Consovoy McCarthy Park PLLC 3033 Wilson Blvd	Legal Services	780,000

Arlington, VA 22201