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TIN: 85-3619218OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2022

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

Open to Public

	nent of the Treasury Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and t	:he latest i	nformation.		Inspection
A F	or the 2022 c	l alendar year, or tax year beginning 06-01-2022 , and ending 0	5-31-2023			
O Ad	ck if applicable: dress change me change	C Name of organization THE CAHN FELLOWS PROGRAMS		D Employ 6		fication number
O Ini	tial return al return/terminated	Doing business as				
☐ Am	nended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 231077	m/suite	E Telephone (682) 89		
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023		G Gross red	ceipts \$ 3	3,495,327
I Tax	k-exempt status:	F Name and address of principal officer: JONATHAN SMITH PO BOX 231077 NEW YORK, NY 10023 ✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527	H(b)	Is this a group ret subordinates? Are all subordinat included? If "No," attach a li	es	Yes ✓ No Yes No
J W	ebsite: ► WW	/W.CAHNFELLOWSPROGRAMS.ORG		Group exemption		
K Forr	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year	of formation: 2020	M State	of legal domicile: NY
Pa	art I Sum i	mary				
Activities & Governance	2 Check thi 3 Number of 4 Number of 5 Total num	3 4 5	14 13 9			
CtIM	6 Total num		6	41		
٨	7a Total unre	7a	0			
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11	<u> </u>		7b	0
		·	<u> </u>	Prior Year	0.0	Current Year
욢		ions and grants (Part VIII, line 1h)	<u> </u>	1,626,4 238,0	_	2,989,599
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	5,8	_	4,314
œ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			20	-189,468
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,871,2	12	3,216,573
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	627,5	77	1,016,629
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
×		aising expenses (Part IX, column (D), line 25)	_			
LLI	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,063,0	_	1,732,843
	· ·	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	1,690,6	-	2,749,472
es Ses	19 Kevenue	less expenses. Subtract line 18 from line 12	Begi	180,5 inning of Current Ye		467,101 End of Year
Net Assets or Fund Balances	20 Total asse	ets (Part X, line 16)	<u> </u>	718,8	16	1,259,740
t As		ilities (Part X, line 26)	. —	116,6		190,501
25		s or fund balances. Subtract line 21 from line 20		602.1		1.069.239

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

The Cahin FeLLOWS DISTINUSISHED PRINCIPALS PROGRAM: SEE 1,698,675 including grants of \$ 1,698,675 including grants of \$ 317,128 THE Cahin FeLLOWS DISTINUSISHED PRINCIPALS PROGRAM: SEEK AND ENPOYMENT AND DISTINUSISHED SCHOOL LEADERS WITH ADVANCE PROFESSIONAL DEVELOPMENT AND RECOGNITION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 1 "Yes," describe these new services on Schedule 0. 2 Did the organization case conducting, or make significant changes in how it conducts, any program services? 1 If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,698,675 including grants of \$) (Revenue \$ 317,128) THE CAHIN FELLOWS DISTINUSISHED PRINCIPALS PROGRAM: OUR FLASSHIP PROGRAM, FEATURING FACULY FROM TEACHES COLLIDAR, DURING PROGRAM RECOGNIZES, SUPPORTS AND EMPOYMENTS PROGRAM: OUR FLASSHIP PROGRAM, FEATURING FACULY FROM TEACHES COLLIDAR ROUTHS, OUR PROGRAM RECOGNIZES, SUPPORTS AND EMPOYMENTS PROVIDED SHORT THE HIGHEST PERFORMING PRINCIPALS AROUND THE COUNTY. OUR PROGRAM RECOGNIZES, SUPPORTS AND EMPOYMENTS PROVIDED AS THE WAITER THE CHAIN FELLOWS AUBINATED AND EMPOYMENT PROVIDED SHORT THE HIGHEST PROFESSIONAL ELEVANDERS OF ELECANDARIA MORNING FOR PRESSIONAL ELEVANDERS OF ELECANDARIA MORNING FOR PRESSIONAL PROVIDED SHORT RECOGNITIVES OF PROGRAMS AND EMPOYMENT PROVIDED SHORT PR							2024-01-30				
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Paid Prietry Prietr	Here	301		INESS & FINANCE							
Paid Preparer Use Only Firm's name LANK GORGAN TRUNTT LIC		Тур	e or print name and title								
Proper Puse Only Imms address ≥ 2626 HOW/EL ST SUITE 700		_	Print/Type preparer's name	Preparer's	s signature	Date	Check if		66		
Page 2			Firm's name I ANE CORMAN	I TRUBITT LLC				5-1044330	<u> </u>		
DALLAS, TX 75204 May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Porm 990 (2022) Page 2 Form 990 (2022) Page 3 Form 990 (2022) Page 2 Form 990 (2022) Page 3 Form 990 (2022) Page 3 Form 990 (2022) Page 4 If I Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III			THITIS HAITE P LANE GORMAI	V TROBITT LLC			TITIT'S LIN P 7	J-1044550	,		
May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Form 990 (2022) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III. Briefly describe the organization's mission: The CANN FELLOWS PROGRAMS SEEK TO IMPROVE PUBLIC SCHOOL SYSTEMS BY PROVIDING DISTINGUISHED SCHOOL LEADERS WITH ADVANCE PROFESSIONAL DEVELOPMENT AND RECOGNITION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. 1 If "Yes," describe these new services on Schedule 0. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses, section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses §) (Expenses §) (Expenses §) (Revenue § 337.128) THE CAHN FELLOWS DISTINGUISHEP PRINCIPALS PROGRAM: ONE RAGSHIP PROGRAM: PEATURING FACULTY PRON TEACHERS COLLEGE, COLUMBAL UNIVERSITY, PROVIDED BOTH RECOGNITION AND ADMANCED PROFESSIONAL DOTES. PROGRAM: PEATURING FACULTY PRON TEACHERS COLLEGE, COLUMBAL UNIVERSITY, PROVIDED BOTH RECOGNITION AND ADMANCED PROFESSIONAL DOTES. PROGRAM: PEATURING FACULTY PRON TEACHERS COLLEGE, COLUMBAL UNIVERSITY, PROVIDED BOTH RECOGNITION AND ADMANCED PROFESSIONAL DOTES. PROGRAM: PEATURING FACULTY PROGRAM: PERIOR PROGRAM: PEATURING FACULTY PROGRAM: PEATURING FACULTY PROGRAM: PEATURING FACULTY P	use	Offig	Firm's address ► 2626 HOWELL	ST SUITE 700			Phone no. (214) 871-7500	0		
Page 2 Form 990 (2022) Page 2 Form 990 (2022) Page 11 Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III			DALLAS, TX 7	75204							
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,698,675 including grants of \$) (Revenue \$ 317,128) THE CAHN FELLOWS DISTINGUISHED PRINCIPALS PROGRAM: OUR FLAGSHIP PROGRAM, FEATURING FACULTY FROM TEACHERS COLLEGE, COLUMBIA UNIVERSITY, PROVIDES BOTH RECOGNITION AND ADVANCED PROFESSIONAL EVELOPHENT FOR THE HIGHEST PERFORMING PRINCIPALS ABOUND THE COUNTRY. OUR PROGRAM RECOGNIZES, SUPPORTS AND EMPROVERS PRINCIPALS AS THE HIGHEST PERFORMING PRINCIPALS ABOUND THE COLUMBIA UNIVERSITY, PROVIDES BOTH RECOGNITION AND ADVANCED PROFESSIONAL EVELOPHENT FOR THE HIGHEST PERFORMING PRINCIPALS ABOUND THE COLUMBIA UNIVERSITY, PROVIDED BOTH RECOGNITION AND ADVANCED PROFESSIONAL EVELOPHENT FOR THE HIGHEST PERFORMING PRINCIPALS ABOUND THE COLUMBIA UNIVERSITY, PROVIDED BY AND ADVANCED TO PRINCIPALS ABOUND THE CONTROL EXPENSION, AND ADVANCED PROFESSIONAL EVELOPHENT FOR THE CHALLENGES OF LEADERSHIP. OUR CURRICULUM PRIORITIZES EQUITY, DIVERSITY AND ACCOMPLISHED FRINCIPALS AND AND ADVANCED PRINCIPALS AROUND THE COLUMBIA UNIVERSITY AND ACCOMPLISHED PRINCIPALS. THEY WORK AT THE STORY AND ACCOMPLISHED PRINCIPALS. THEY KNOW THAT THE 3-44 YEAR POINT IS A CRISIS STAGE AND THAT PROFESSIONAL DEVELOPMENT IS TYPICALLY NO AVAILABLE TO THIS GROUD. 4c (Code:) (Expenses \$ 194,074 including grants of \$) (Revenue \$) THE CAHN FELLOWS ALUMIN FROGRAM: PROGRAMS DESIGNED FOR ALUMNI WHO CONTINUE TO BE ADULT LEARNERS AND HAVE A DESIRE TO NETWORK WITH THE PEERS. ENGAGING ALUMNI WHITE EXPANSION OF ALUMNI PROFESSIONAL DEVELOPMENT IS TYPICALLY NO AVAILABLE TO THIS GROUD. (Expenses \$ 194,074 including grants of \$) (Revenue \$) THE CAHN FELLOWS (B) THE DESPENSION OF EXPANSION OF ALUMNI PROFESSIONAL DEVELOPMENT IS TYPICALLY NO AVAILABLE TO THE DEPENDING OF				odule O				•		res	NO
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Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes					—— Page 3 ——						
Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes	Form 9	990 (2022)									Page
Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes	Part	:IV Che	ecklist of Required Scho	edules							
										Yes	No
	1	Is the orga				rivate foundation)	? If "Yes," com	plete	\Box	Yes	

Form 990 (2022)

Page **4**

Voc No

Part IV Checklist of Required Schedules (continued)

			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		Nο

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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.

Yes No 20 O Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

37

No

1c Yes

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Form 990 (2022)

Part V

10/22/25, 6:13 AM

Schedule L, Part III .

Schedule N, Part II .

29

Page 5

1a

1b

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

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

	Page 6 -			
Form	990 (2022)			Page 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	-"	4-	raye U
Fal	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	· ·	✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
_	Did any officer director tweeter and less completes have a family relationship and hydrogen relationship with any other			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written winsdeblower policy?	14	Yes	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	res	
a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
			165	NI-
b	Other officers or key employees of the organization	15b		No
	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 similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA , IL , NY , CO , DC , PA , WA , FL			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
GEORGE SIMS PO BOX 231077 NEW YORK, NY 10023 (682) 895-9001

Form	990	(2022)
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orm 990 (2022)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 related o	rganiza	tion	com	pen	sated a	any	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	more pers	thar on is	one bot	not e bo th a	check x, unle n office rustee	ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) CHARLES CAHN CHAIR	2.00	Х		х				0	0	0
(2) JONATHAN SMITH DIRECTOR OF BUSINESS & FINANCE	44.00	Х		х				197,500	0	10,815
(3) MASON HAUPT SECRETARY	0.25	Х		х				0	0	0
(4) ANDREW S ADELSON DIRECTOR	2.00	х						0	0	0
(5) BILL ALBERS DIRECTOR	0.25	х						0	0	0
(6) AMANDA CAHN DIRECTOR	0.25	х						0	0	0
(7) RASHID DAVIS DIRECTOR	0.25	х						0	0	0
(8) KIRSTEN BUSCH JOHNSON DIRECTOR	0.25	Х						0	0	0
(9) MOSES OJEDA DIRECTOR	0.25	Х						0	0	0
(10) TARA SHELTON DIRECTOR	0.25	х						0	0	0
(11) NANCY STREIM DIRECTOR	0.25	Х						0	0	0

(12) JONATHAN STOEL	0.25							
DIRECTOR		Х				0	0	0
(13) STEVE SUSSMAN DIRECTOR	0.25	Х				0	0	0
(14) FRANK TRAINER DIRECTOR	2.00	Х				0	0	0
(15) BARBARA MCKEON SENIOR PROGRAM DIRECTOR	40.00			х		163,669	0	15,403
(16) SUSAN ROWDEN SYSTEMS ADMINISTRATOR (LEFT 4/14/23)	40.00				Х	101,057	0	13,833

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	(ne b oth a direc	ox, ι an of tor/t	t cho unles ficer rust	ss per	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-1 MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations
Sub-Total							٠ ۳			
Total from continuation sheet Total (add lines 1b and 1c) .								462,226	0	40,0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

3	Did the organization list any former officer, director or trustee	e, key	emp	loyee,	or	highe	st	com	per	sate	d ei	mplo	yee on
	line 1a? If "Yes," complete Schedule J for such individual .			•	•			•	•	•	•	•	•

	Yes	No
3		No

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150.000? If "Yes." complete Schedule 1 for such

0/22		ann Fellows Progr	ams Corporation - Fi	uli Filing - Nonprolit E	explorer - ProPublic	ca	
	individual					4 Yes	
5	Did any person listed on line 1a receive or ac	•	•	•	vidual for		
	services rendered to the organization?If "Yes,	," complete Schedu	ule J for such person		<u> </u>	5	No
	ection B. Independent Contractors	-					
1	Complete this table for your five highest com from the organization. Report compensation f	pensated independ	lent contractors that	received more than	\$100,000 of comp	ensation	
	(A)		ar chang war or w		(B)		(C)
FTC \	Name and busin /ENUES NYC LLC	ess address			ription of services FAL AND CATERING	Comp	ensation 112,735
	HUGHES LANDING BLVD STE 400			VENOE KEN	THE THE CHIEFER		112,733
	WOODLANDS, TX 77380						
_	Total number of independent contractors (includ	ding but not limited	d to those listed abo	ve) who received me	oro than \$100 000	of	
	compensation from the organization 1	ang but not innited	a to those listed abo	ve) who received me	ne than \$100,000		
						Form 9	90 (2022
			Page 0				
			Page 9				
orm	n 990 (2022)						Page !
Pa	art VIII Statement of Revenue						
	Check if Schedule O contains a respo	onse or note to any	/ line in this Part VIII (A)	(B)	(C)	· · ·	 D)
			Total revenue	Related or	Unrelated	Rev	enue
				exempt function	business revenue	tax unde	ed from r sections
	derated campaigns			revenue		512	- 514
g.	iderated campaigns 1a embership dues 1b						
Grants	ndership dues 1b						
Θ.	E III						
Giffs,	indraising events 1c						
	880,556						
	elated organizations 1d						
ቜ.	<u> </u>						
₩.	vernment grants (contributions)						
	R, other contributions, gifts, grants, and similar amounts not included						
	above						
	2,109,043						
	Noncash contributions included in lines 1a - 1f:\$						
	Total Add lines 1- 15	_					
n	Total. Add lines 1a-1f	2,989,599	Т	ı		1	
	3- DICTINCHICHED PRINCIPAL C	Business Code	317,128	317,128			
đ	2a DISTINGUISHED PRINCIPALS	611430	317,120	317,120			
Sarvice Revenue	CAHN LEADERSHIP LAB	611430	95,000	95,000			
W of		011430					
9							
arviv						+	
Program							
200	· -						
Ĭ	f All other program service revenue.						
	9 Total. Add lines 2a–2f >	412,128				1	
一	3 Investment income (including dividends, inte	erest, and other					
	similar amounts)	•	4,642				4,64
1	4 Income from investment of tax-exempt bond	d proceeds 🕨				I	

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations foreign

D	2		\sim	1	1
г	а	y	C	1	1

Form 990	(2022)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX			\square
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	443,313	1	921,244

0/22	/25, 6	:13 AM Cahn Fe	llows Programs Corporation - Full Filing	g - Nonprolit Explorer	- Prof	Publica
	2	Savings and temporary cash investments .			2	27,706
	3	Pledges and grants receivable, net		2,779	3	42,484
	4	Accounts receivable, net		32,463	4	97,585
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in so	fied persons (as defined under ection 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
et	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		240,261	9	170,721
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	211		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	718,816	16	1,259,740
	17	Accounts payable and accrued expenses		116,678	17	190,501
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .		116,678	26	190,501
ances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck here 🕨 🔽 and	602,138	27	1,069,239
Sal				002,100	-	1,003,233
豆	28	Net assets with donor restrictions	· · · · · · <u>·</u> · <u> </u>	<u> </u>	28	
Assets or Fund Balance	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	, i		29	
S	30	Paid-in or capital surplus, or land, building or ed			30	
Se	31	Retained earnings, endowment, accumulated in	· ·		31	
As	32	Total net assets or fund balances	·	602,138	32	1,069,239
Net	33	Total liabilities and net assets/fund balances .		718,816	33	1,259,740
-		.otaabilideo ana net abotto/rana balances i				Form 990 (2022)

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Form 990 (2022) Page **12 Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 3,216,573 1 1 Total expenses (must equal Part IX, column (A), line 25) 2 2,749,472 2 3 3 467,101 602,138 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 5 5 6 Donated services and use of facilities . . . 6 7

0/22/25, 6:13 AM	Cahn Fellows Programs Corporation - Full Filing - Nonprofit Explorer - ProPub	ilica		
8 Prior period adjustments				
9 Other changes in net assets or fund b	palances (explain in Schedule O) 9			(
10 Net assets or fund balances at end of	f year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		1,	.069,239
Part XII Financial Statements a	nd Reporting			
Check if Schedule O contains	a response or note to any line in this Part XII			✓
			Yes	No
 Accounting method used to prepare t If the organization changed its metho Schedule O. 	che Form 990: Cash Accrual Other od of accounting from a prior year or checked "Other," explain on			
2a Were the organization's financial stat	ements compiled or reviewed by an independent accountant?	2a		No
If 'Yes,' check a box below to indicate separate basis, consolidated basis, or	e whether the financial statements for the year were compiled or reviewed on a r both:			
☐ Separate basis ☐ Cons	solidated basis			
b Were the organization's financial stat	ements audited by an independent accountant?	2b	Yes	
If 'Yes,' check a box below to indicate consolidated basis, or both:	whether the financial statements for the year were audited on a separate basis,			
✓ Separate basis ☐ Cons	solidated basis			
	ganization have a committee that assumes responsibility for oversight fits financial statements and selection of an independent accountant?	2c	Yes	
If the organization changed either its	oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the Guidance, 2 C.F.R. Part 200, Subpart	ne organization required to undergo an audit or audits as set forth in the Uniform F?	За		No
	the required audit or audits? If the organization did not undergo the required ule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99 0) (2022
Form 990 (2022) Additional Data	F	Returi	n to Fo	rm
	Software ID:			

Software 1D

Software Version:

Form 990, Special Condition Description:

efile Public Visual Render

ObjectId: 202440329349301109 - Submission: 2024-02-01

TIN: 85-3619218

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer identific	ation number	
THE C	AHN FE	LLOWS PROGRAMS					85-3619218	
	rt I	Reason for Public					See instructions.	
The c	rganiz	ration is not a private fou		•	<i>J</i> ,	, ,		
1		A church, convention of	f churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	I government or	governmental unit de	scribed in secti	on 170(b)(1)(A	۱)(v).	
7	~	An organization that no section 170(b)(1)(A)			s support from a	a governmental u	init or from the genera	al public described in
8		A community trust desc	cribed in sectio	170(b)(1)(A)(vi).	(Complete Part 1	II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related t investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, See	rganization oper ver to regularly a	rated, supervised, or cappoint or elect a majo	ontrolled by its s	supported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup oporting organiz	ervised or controlled i ation vested in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio	n operated in co	nnection with, ar	nd functionally integra	ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this box if the or integrated, or Type III r	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				<u> </u>	_
g		de the following informat						
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	<u> </u> 5F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Sched	dule A	(Form 990) 2022			3 0 –			Page 2
	rt II	Support Schedul		zations Described ne box on line 5, 7,				L)(A)(vi)

If the organization failed to qualify under the tests listed below, please complete Part III.)

	2/25, 6:13 AM	Cahn Fell	ows Programs C	orporation - Full Filin	g - Nonprofit Explo	orer - ProPublica	
	r 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 grant.")			1,226,963	1,626,504	2,989,599	5,843,066
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by			1,226,963	1,626,504	2,989,599	5,843,066
5	each person (other than a						
	governmental unit or publicly						3,382,216
	supported organization) included on line 1 that exceeds 2% of the amount						3,552,233
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						2,460,850
_	line 4.						2/ 100/000
	Section B. Total Support		T		1	1	1
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			1,226,963	1,626,504	2,989,599	5,843,066
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and				5	4,642	4,647
	income from similar sources						
9	Net income from unrelated business				020		020
	activities, whether or not the business is regularly carried on				820	0	820
10							
	or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						
	10						5,848,533
12	Gross receipts from related activities, e	etc. (see instructi	ions)			12	656,378
13	First 5 years. If the Form 990 is for the	ne organization's	first, second, th	ird, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here					🕨 🔽	
9	Section C. Computation of Public	Support Per	centage				
14	Public support percentage for 2022 (lin	e 6, column (f) o	divided by line 1	1, column (f))		14	
15	Public support percentage for 2021 Sch	nedule A, Part II,	line 14			15	
16	a 33 1/3% support test—2022. If the o	organization did	not check the bo	ox on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	ies as a publicly	supported orgai	nization			▶□
ŀ	33 1/3% support test—2021. If the	organization did	not check a box	x on line 13 or 16a, a	and line 15 is 33 1	/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pu	blicly supported	organization			🕨 🗆
17	a 10%-facts-and-circumstances test-						
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" te 10%-facts-and-circumstances test						
E	more, and if the organization meets the						
	meets the "facts-and-circumstances" t						
18		on did not check	a box on line 13	, 16a, 16b, 17a, or 1	17b, check this box	k and see	–
	instructions						🕨 🗆
						Schedule A (Form 990) 2022
			Page	3 ———			
			_				
Cal	nedule A (Form 990) 2022						
							Page 3
	Part III Support Schedule fo (Complete only if you					d to qualify	or Dort II If
	the organization fails t						er Part II. II
_	Section A. Public Support	o quality ariac	T the tests list	ed below, piedse c	complete rait II	• /	
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0	r fiscal year beginning in) 🟲	(a) 2016	(B) 2019	(6) 2020	(d) 2021	(e) 2022	(I) IOLAI
1	Gifts, grants, contributions, and membership fees received. (Do not	1					
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose						
3							
	not an unrelated trade or business under section 513	1					
4	Tax revenues levied for the						
	organization's benefit and either paid	1					

10/22/	25, 6:13 AM	Cahn Fellov	vs Programs Corp	oration - Full Filin	g - Nonprofit Explo	rer - ProPublica			
5	The value of services or facilities				1				
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3								
b	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	from line 6.)	<u> </u>	<u> </u>						
	ndar year	(-) 2010	(I-) 2010	(-) 2020	(4) 2024	(-) 2022	(6)	T-4-1	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	Total	
9	Amounts from line 6 Gross income from interest,								
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	:he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) or	ganiza	tion, ch	neck
	this box and stop here	_			· ·				ightharpoons
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin					15			
16	Public support percentage from 2021	Schedule A, Part I	II, line 15			16			
	ction D. Computation of Invest			line 12 line 1	(6))				
17	Investment income percentage for 20	,	,	•	. ,,	17			
18	Investment income percentage from 2					18	na 17	i	
19a	33 1/3% support tests-2022. If the								
h	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the								18 is
	not more than 33 1/3%, check this box	and stop here.	The organization of	qualifies as a pub	licly supported ora	anization		► □	
20	Private foundation. If the organizati								
	Thrute foundation. If the organizati	on did not check t	a box on line 14, .	130, 01 130, chec	R this box and see	Schedule A			2022
			Page 4						
Sche	dule A (Form 990) 2022							Б	Page 4
	t IV Supporting Organization	ne							age -
Fai	(Complete only if you checked		of Part I. If vou ch	ecked box 12a, o	f Part I, complete S	Sections A and E	. If vo	u chec	ked
	box 12b, of Part I, complete Se	ections A and C. If	you checked box						
	12d, of Part I, complete Section ection A. All Supporting Organiz		omplete Part V.)						
	ection A. All Supporting Organiz	ations						Yes	No
1	Are all of the organization's supported	organizations list	ad by name in the	organization's s	avarning daguman	+o2		163	140
•	If "No," describe in Part VI how the s								
	describe the designation. If historic an	nd continuing relat	tionship, explain.				1		
2	Did the organization have any support	ed organization th	nat does not have	an IRS determin	ation of status und	ler section			
	509(a)(1) or (2)? If "Yes," explain in I								
	described in section $509(a)(1)$ or (2) .						2		
За	Did the organization have a supported	organization des	cribed in section 5	01(c)(4), (5), or	(6)? If "Yes," answ	ver lines 3b and			
	3c below.						За		
b	Did the organization confirm that each								
	the public support tests under section determination.	509(a)(2)? If "Ye.	s," describe in Pa	rt VI when and h	now the organization	on made the			
							3b		
С	Did the organization ensure that all su If "Yes," explain in Part VI what conti					(B) purposes?			
	I 100, CAPIUIII III Fait VI WIIAL COILL	olo ule organizati	on put in place to	Cilouic Sucii use	•		30	1	

	Ţ			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
c	supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	-		
_	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organization's organization document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	0-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	10b	, 000)	2022
	Schedule A	(10111	1 330)	2022
	Page 5			
Sche	dule A (Form 990) 2022		F	Page 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se				
	VI. ection B. Type I Supporting Organizations			
	VI. ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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	1	Yes	No
2	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		Yes	No
	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	1 2	Yes	No
2	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported 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.		Yes	No
2	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated out the purposes of the supported organization(s) that operated, supervised or controlled the supporting		Yes	No
2	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported 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.			

supportina organizatioi	n was vested in the	same persons that	controlled or managed	the supported organization(s).

	supporting organization was vested in the same persons that controlled or managed to	ne sup	ported organization(3).	_		
S	ection D. All Type III Supporting Organizations				1 1	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided duri Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e	lected	by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If '	'No," e	xplain in Part VI how the			
	organization maintained a close and continuous working relationship with the support	ea org	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	income or assets at all times	3		
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral P	art Tes	t during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.					
	$oldsymbol{b}$ The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see						
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	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.					
	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a 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? If "Yes" or "No", provide details in Part VI .					
	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 Part VI. the role played by the organization in this regard.					
Sch	Page 6 ———————————————————————————————————				P	age 6
Р	art V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
1	Net short-term capital gain	1				
2		2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
	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				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
_	a Average monthly value of securities	1a				
	b Average monthly cash balances	1b				
	c Fair market value of other non-exempt-use assets	1c				
	d Total (add lines 1a, 1b, and 1c)	1d				
		1				

		_	1	į.
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
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		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	integrat		
			Sch	edule A (Form 990) 2022

Page 7

Schedule A (Form 990) 2022 Page **7**

Section D - Distributions		Current Yea
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section E - Distribution Allocations (i) (ii)		(iii)

20 Line o dinodire divided by Line 3 dinodire		20						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022					
1 Distributable amount for 2022 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.								
3 Excess distributions carryover, if any, to 2022:								
a From 2017								
b From 2018								
c From 2019								
d From 2020								
e From 2021								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2022 distributable amount								
i Carryover from 2017 not applied (see instructions)								
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4 Distributions for 2022 from Section D, line 7:								
a Applied to underdistributions of prior years								
b Applied to 2022 distributable amount								
	1	<u> </u>						

				Schedule A (Form 990) 202
R	eturn Reference		Explanation	
		Facts And Circu	imstances Test	
		Foots And Circu	wasteness Teet	
Part VI	Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 nd 3; Part IV, Section E, lines 1c, 2	b, and 11c; Part IV, Section B 2a, 2b, 3a and 3b; Part V, line	line 17a or 17b; Part III, line 12; Part IV, , lines 1 and 2; Part IV, Section C, line 1; 1; Part V, Section B, line 1e; Part V for any additional information. (See
chedule A (I	Form 990) 2022	Pag	e 8	Page
		_		Schedule A (Form 990) (202)
	from 2022			
	from 2020			
b Excess	from 2019			
	vn of line 7: from 2018			
3j and 4d		2023. Add lines		
lines 3h	g underdistributions for 2022 and 4b from line 1. If the an o, <i>explain in Part VI</i> . See in	nount is greater		
2022, if If the ar See inst	g underdistributions for year any. Subtract lines 3g and 4a nount is greater than zero, e ructions.	a from line 2. explain in Part VI .		

efile Public Visual Render	ObjectId: 202440329349301109	- Submission: 2024-02-01		TIN: 85-3619218
Schedule B	Schedu	le of Contributors	-	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to I ► Go to <u>www.irs.gov</u>	Form 990, 990-EZ, or 990-PF. <u>//Form990</u> for the latest information.		2022
Name of the organization THE CAHN FELLOWS PROGRA	MS			entification number
Organization type (check o	ne):		85-3619218	
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) or	ganization		
	4947(a)(1) nonexempt charit	able trust not treated as a private found	dation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private fou	ndation		
	4947(a)(1) nonexempt charit	able trust treated as a private foundation	n	
	501(c)(3) taxable private fou	ndation		
under sections 509(a received from any or 990, Part VIII, line 1I For an organization during the year, total	a)(1) and 170(b)(1)(A)(vi), that cheche contributor, during the year, total n, or (ii) Form 990-EZ, line 1. Compdescribed in section 501(c)(7), (8), of contributions of more than \$1,000	Form 990 or 990-EZ that met the 33 ¹ /3 ⁹ ked Schedule A (Form 990 or 990-EZ), contributions of the greater of (1) \$5,00 lete Parts I and II. or (10) filing Form 990 or 990-EZ that reexclusively for religious, charitable, scientimals. Complete Parts I, II, and III.	Part II, line 13, 1 00 or (2) 2% of th eceived from any	16a, or 16b, and that ne amount on (i) Form or one contributor,
during the year, cont If this box is checked purpose. Don't comp religious, charitable, Caution: An organization th	ributions exclusively for religious, of the contributions of the contributions of the contributions of the contributions that the contributions totaling \$5,000 of the contributions totaling \$5,000 of the contributions to the contributions total for the contributions total for the contributions to the c	or (10) filing Form 990 or 990-EZ that re haritable, etc., purposes, but no such co that were received during the year for a neral Rule applies to this organization for more during the year	ontributions totaline exclusively relibecause it receives	ed more than \$1,000. igious, charitable, etc., red nonexclusively n 990,
		of its Form 990; or check the box on lin t the filing requirements of Schedule B		990-೬∠
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		Cat. No. 30613X	Sche	edule B (Form 990) (2022)
		— Page 2 ————		
Schedule B (Form 990) (202	22)		Page 2	
Name of organization		Emp	ployer identifica	tion number

https://projects.propublica.org/nonprofits/organizations/853619218/202440329349301109/full and the projects of the project of the projec

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Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
Schedule R	(Form 990) (2022)		Page 3
Name of orga		Employer identification	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	85-3619218	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>.</u>			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>-</u>			\$	
				Schedule B (Form 990) (2022)
		———— Page 4 ————		. , , ,
		Fage 4		
Schedule I	B (Form 990) (2022)		Employer ide	Page 4
THE CAHN	FELLOWS PROGRAMS		85-3619218	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the total of exclusively religious, che instructions.) **The columns is a second columns and the columns is a second columns is a second columns.) **The columns is a second columns and the columns is a second column is a second columns is a second column is a secon	nrough (e) and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-				
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor t	o transferee
(a)		<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-		(e) Transfer of gift		
}	Transferee's name, address, and	ZIP 4	Relationship of transferor t	o transferee
(a)				

io. tromi	Λ Cahn Fe (b) Purpose of gift	-	c) Use of gift	Nonprofit Explorer - ProPu	on of now gift is neig
Part I				(4) 2000.194.	
				_	
			Transfer of gift		
_	Transferee's name, address, and 2	ZIP 4	Relation	onship of transferor to tr	ransteree
(a) lo. from	(h) Durnoss of sift		o) Hop of gift	(d) Dogovinti	on of how gift is hold
Part I	(b) Purpose of gift	(1	c) Use of gift	(d) Descripti	on of how gift is held
				_	
	Transferee's name, address, and 2		Transfer of gift Relation	onship of transferor to tr	ransferee
_					
		_		Sched	dule B (Form 990) (202
Additiona	-I Data			١	Return to Form

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ObjectId: 202440329349301109 - Submission: 2024-02-01

TIN: 85-3619218

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

	tment of the Treasury al Revenue Service		ach to Form 990	0.					n to Public
	me of the organ	Go to <u>www.irs.gov/Form990</u>	tor instructions	a	nd the latest infor			ntification	spection
	E CAHN FELLOWS PR							iciiicacioii	Humber
D-	out T Oursell	izations Maintaining Donor Advised	F da a Otha		Cimallan Francis a	85-361			
Pa		ete if the organization answered "Yes" or				r Accou	ints.		
	Comple	organization answered res of	(a) Donor ac			(b) Funds	and other	accounts
1	Total number at	end of year							
2	Aggregate value	of contributions to (during year)							
3	Aggregate value	of grants from (during year)							
4	Aggregate value	at end of year							
5		ation inform all donors and donor advisors in property, subject to the organization's exclusiv					ds are th		Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donor a oses and not for the benefit of the donor or do '	onor advisor, or fo	or a	any other purpose o			nissible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes" or	n Form 990, Par	t]	IV, line 7.				
1		onservation easements held by the organizati							
	Preservati	on of land for public use (e.g., recreation or e	ducation)		Preservation of an	historica	lly impor	rtant land	area
	Protection	of natural habitat			Preservation of a c	ertified h	istoric s	tructure	
		on of open space							
2		2a through 2d if the organization held a quali	fied conservation	co	ntribution in the for	m of a co	nservati	ion	
-		ne last day of the tax year.	nea conservation	CO	nunbudon in the for	_			of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
С	Number of cons	ervation easements on a certified historic stru	icture included in	(a)	2c			
d		ervation easements included in (c) acquired a e listed in the National Register	ifter July 25, 2006	5, a	and not on a	2d			
3	Number of cons tax year ▶	servation easements modified, transferred, re	leased, extinguish	ned	, or terminated by	the orgar	ization o	during the	
4	Number of state	es where property subject to conservation eas	sement is located	•					
5		ization have a written policy regarding the pent of the conservation easements it holds?				of violatio	ns,	O	O ••
	Chaff and		hdi:£ . :-	L:				U Yes	U No
6	Starr and voluni	teer hours devoted to monitoring, inspecting,	nandling of violat	CIOI	ns, and enforcing co	nservatio	on easen	nents durir	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting, hand	lling of violations,	ar	nd enforcing conser	vation ea	sements	during the	e year
8		servation easement reported on line 2(d) abov 0(h)(4)(B)(ii)?				70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports conservat and include, if applicable, the text of the footi n's accounting for conservation easements.							
Par	rt III Organi	izations Maintaining Collections of A				er Simi	lar Ass	ets.	
		ete if the organization answered "Yes" or ion elected, as permitted under FASB ASC 95				t and hal	anco chi	ant works	of ort
1a	historical treasu	ures, or other similar assets held for public ex ext of the footnote to its financial statements	hibition, education	n,	or research in furth				
b	historical treasu	ion elected, as permitted under FASB ASC 95 ures, or other similar assets held for public ex nts relating to these items:							
(-	ded on Form 990, Part VIII, line 1				1	\$		
(ii)Assets included	l in Form 990, Part X				1	<u></u>		
2	If the organizat	ion received or held works of art, historical tr nts required to be reported under FASB ASC 9	easures, or other	sir	nilar assets for fina			e the	
а	-	ed on Form 990, Part VIII, line 1	_			1	> \$		
b	Assets included	in Form 990, Part X				1	<u></u>		

Cat. No. 52283D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

---- Page 2 -----

Sche	dule D	(Form 990) 2022										Page 2
Par	t III	Organizations Ma	aintaining Col	lections of Ar	t, Histor	ical Tre	asures, o	r Other	Similar As	ssets (conti	nued)	- 3 -
3	Using	the organization's acqu (check all that apply):	uisition, accessior	n, and other reco	rds, check	any of th	e following t	that are a	significant u	use of its coll	ection	
а		Public exhibition			d	О L	oan or exch	ange prog	ırams			
b		Scholarly research			е		ther					
С		Preservation for future	generations									
4	Provid Part X	de a description of the o	organization's coll	lections and expl	ain how th	ey furthe	r the organiz	zation's ex	kempt purpo	se in		
5		g the year, did the orga s to be sold to raise fun								Yes		o
Pai	rt IV	Escrow and Custo Complete if the org line 21.			Form 990	, Part I\	/, line 9, or	reporte	d an amou	nt on Form	990,	Part X,
1a	Is the	e organization an agent led on Form 990, Part X	, trustee, custodia (?	an or other interr	mediary for	contribu	tions or othe	er assets	not 	☐ Yes	□ N	o
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the	e following	table:	;		A	mount		_
c		ning balance		·	-			1c				_
d	_	ions during the year					•	1d				<u> </u>
е	Distri	butions during the year						1e				_
f	Endin	g balance						1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X, Ii	ine 21, for	escrow o	r custodial a	account lia	ability?	☐ Yes	\square N	0
b	If "Ye	s," explain the arrange	ment in Part XIII.	Check here if th	e explanat	ion has b	een provide	d in Part)	KIII			
Pa	rt V	Endowment Fund										
		Complete if the org	ganization answ						I			
1a	Reginn	ing of year balance .		(a) Current year	(b) l	Prior year	(c) Iwo y	ears back	(d) Three ye	ars back (e)	-our yea	rs back
	-	outions										
		restment earnings, gain	e and losses									
		or scholarships	•									
		expenditures for facilities										
		ograms										
f	Admini	strative expenses .										
g	End of	year balance										<u></u>
2		de the estimated percer I designated or quasi-ei	-	ent year end bala	nce (line 1	g, columi	n (a)) held a	ıs:		·		
b		anent endowment 🕨										
c		endowment 🕨										
		ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100%.								
3а		nere endowment funds ization by:	not in the posses	sion of the organ	ization tha	t are held	d and admin	istered fo	r the		Yes	No
	(i) Ur	nrelated organizations								3a(i)		
_		elated organizations								3a(ii)		
ь 4		s" on 3a(ii), are the relation in the inte	-	•						3b		
_	rt VI	Land, Buildings,			idowinent	iuiius.						
i di		Complete if the org			Form 990	, Part I\	/, line 11a.	See For	m 990, Par	t X, line 10).	
	Descri	ption of property	(a) Cost or oth (investme	ner basis (b)	Cost or other				depreciation		ok value	2
1a	Land											
b	Buildin	gs 										
		old improvements										
d	Equipm	nent										
е	Other											
Tota	I. Add	lines 1a through 1e. (C	olumn (d) must e	equal Form 990, I	Part X, colu	ımn (B),	line 10(c).)		•			0
									Sch	edule D (Fo	rm 99	0) 2022

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category	(b)		(c) Method of value	
(including name of security)	Book value	Cos	t or end-of-year ma	
1) Financial derivatives				
2) Closely-held equity interests				
3)Other				
A)				
В)				
C)				
D)				
E)				
F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	ine 11c. See Fo	rm 990, Part X, li	ne 13.
(a) Description of investment		(b) Book value	(c) Method	of valuation: year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, li	ne 11d. See Fo	rm 990, Part X, lir	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
			•	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on Form 990, Pa	art IV. li	ne 11e or 11f.S	ee Form 990. Par	t X, line 25.

22/25, 6:13 AM Cah	ellows Programs Corporation - Full Filing - Nonp	rofit Explorer - ProPu	blica
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.			
Liability for uncertain tax positions. In Part XIII, prov	the text of the footnote to the organization's fina	ncial statements that	reports the
anization's liability for uncertain tax positions under	· ·		_
· · · · · · · · · · · · · · · · · · ·	•) (Form 990) 2022
	Page 4		
edule D (Form 990) 2022			Page 4
art XI Reconciliation of Revenue per A	ted Financial Statements With Revenue	e per Return.	rage I
Complete if the organization answer	'Yes' on Form 990, Part IV, line 12a.		
Total revenue, gains, and other support per audit		1	3,485,541
Amounts included on line 1 but not on Form 990,	1 1		
Net unrealized gains (losses) on investments .			
Donated services and use of facilities			
Recoveries of prior year grants			
Other (Describe in Part XIII.)			0
Add lines 2a through 2d		3	3,485,541
Amounts included on Form 990, Part VIII, line 12	it not on line 1:		3,403,341
Investment expenses not included on Form 990,	i i		
Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	268,968	
Add lines 4a and 4b		4c	-268,968
Total revenue. Add lines 3 and 4c. (This must eq	Form 990, Part I, line 12.)	5	3,216,573
	ited Financial Statements With Expens	es per Return.	
· · · · · ·	'Yes' on Form 990, Part IV, line 12a.	1.1	
Total expenses and losses per audited financial st		1	3,018,440
Amounts included on line 1 but not on Form 990, Donated services and use of facilities	1 1		
Donated services and use of facilities			
Other losses			
Other (Describe in Part XIII.)			
Add lines 2a through 2d		2e	0
Subtract line 2e from line 1		3	3,018,440
Amounts included on Form 990, Part IX, line 25,	not on line 1:		<u> </u>
Investment expenses not included on Form 990,	: VIII, line 7b 4a		
Other (Describe in Part XIII.)	4b -	268,968	
Add lines 4a and 4b		4c	-268,968
Total expenses. Add lines 3 and 4c. (This must e	Form 990, Part I, line 18.)	. 5	2,749,472
art XIII Supplemental Information			
ovide the descriptions required for Part II, lines 3, 5 es 2d and 4b; and Part XII, lines 2d and 4b. Also co			rt X, line 2; Part XI,
Return Reference	· · · · · · · · · · · · · · · · · · ·	nation	
RT X, LINE 2:	HE ORGANIZATION IS EXEMPT FROM FEDERAL II		ECTION 501(C)(3) O
,	INITED STATES INTERNAL REVENUE CODE (THE "	'CODE"), EXCEPT TO	THE EXTENT IT HAS
	INRELATED BUSINESS INCOME. IN ADDITION, TH HE INTERNAL REVENUE SERVICE ("IRS") NOT TO		
	THE INTERNAL REVENUE SERVICE (IRS) NOT TO		
	MEANING OF SECTION 509(A) OF THE CODE. FOR THE ORGANIZATION HAD NO NET UNRELATED BU	THE YEARS ENDED I	MAY 31, 2023 AND 20

COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY THAN NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. A RECONCILIATION IS NOT PROVIDED HEREIN, AS THE BEGINNING AND ENDING AMOUNTS OF UNRECOGNIZED BENEFITS ARE ZERO, WITH NO INTERIM ADDITIONS, REDUCTIONS, OR SETTLEMENTS. THE ORGANIZATION IS RELYING ON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS. HOWEVER, THE CONCLUSIONS REGARDING ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES WILL BE SUBJECT TO REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATION THEREOF. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE. THE ORGANIZATION'S INFORMATIONAL RETURNS FILED ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE DUE DATE OR DATE OF FILING.

PART XI, LINE 4B - OTHER ADJUSTMENTS: PART XII, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES FOR GALA -268,968. FUNDRAISING EXPENSES FOR GALA -268,968.

Schedule D (Form 990) 2022

Additional Data

Return to Form

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ObjectId: 202440329349301109 - Submission: 2024-02-01

TIN: 85-3619218

OMB No. 1545-0047

2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Name of the organization THE CAHN FELLOWS PRO	n OGRAMS						Employer ide	ntification number
THE CANTOT LEED WS TRO	701V4115						85-3619218	
	_	ies. Complete if re not required to	_		answered "Yes" on F part.	orm 990,	Part IV, line 1	7.
1 Indicate whether t	he organizat	ion raised funds th	rough an	y of the fo	ollowing activities. Check	all that a	pply.	
a Mail solicitation	ıs			e	Solicitation of nor	n-governm	ent grants	
b Internet and er	nail solicitat	ions		1	Solicitation of gov	ernment o	grants	
c Phone solicitati	ons			g	Special fundraisin	g events		
d In-person solic	itations							
or key employees	listed in Forr	n 990, Part VII) or	entity in	connectio	vidual (including officers on with professional fund	raising sei	vices?	es 🗆 No
		d individuals or ent ,000 by the organiz		draisers)	pursuant to agreements	under wh	ich the fundraise	r is
(i) Name and address of or entity (fundrais		(ii) Activity	fundrai custo cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
						<u> </u>		
Total				. ▶				
3 List all states in which licensing.	the organ	ization is registered	or licens	sed to sol	icit contributions or has	been notifi	ed it is exempt f	rom registration or
						=======		
For Paperwork Reduction	Act Notice, s	ee the Instructions	for Form	990 or 99	0-EZ. Cat. No	. 50083H	Sc	hedule G (Form 990) 2022
				— Pa	ge 2 ————			

Schedule G (Form 990) 2022 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through			
		GALA (event type)	(event type)	(total number)	col. (c))			
		(event type)	(event type)	(total namber)				
e								
Revenue								
Rev								
					_			
	1 Gross receipts	960,056			960,056			
	2 Less: Contributions3 Gross income (line 1 minus	880,556			880,556			
	line 2)	79,500		ı	79,500			
	4 Cash prizes							
Direct Expenses	5 Noncash prizes							
	6 Rent/facility costs	111,600			111,600			
	7 Food and beverages				_			
rect	8 Entertainment							
ā	9 Other direct expenses	157,368			157,368			
	10 Direct expense summary. Add lines 4 through 9 in column (d)							
Par	t III Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	-189,468 more than \$15,000			
	on Form 990-EZ, line 6a.		,	, , , , 	· ·			
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))			
eve								
	1 Gross revenue				_			
enses	2 Cash prizes							
Expe	3 Noncash prizes							
ğ	4 Rent/facility costs							
Direct	5 Other direct expenses							
	5 Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %				
	6 Volunteer labor	□ No	□ No	□ No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	<u> </u>				
9	Enter the state(s) in which the organizati							
a b	Is the organization licensed to conduct gas If "No," explain:				☐ Yes ☐ No			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No							
b	If "Yes," explain:							
				s	chedule G (Form 990) 2022			

Sche	dule G (Form 990) 2022						F	Page 3
11	Does the organization conduct ga	aming activities with nonmember	s?			Yes	□No	
12	Is the organization a grantor, ber formed to administer charitable of	neficiary or trustee of a trust or a gaming?	member of a partnership or other en	ntity 		Yes		
13	Indicate the percentage of gamir	ng activity conducted in:				∪ res	□ 140	
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	ne person who prepares the orga	nization's gaming/special events boo	ks and r	ecords:			
	Name							
15a	Address	ntract with a third party from who	om the organization receives gaming			Yes		
b	If "Yes," enter the amount of gar amount of gaming revenue retain		anization 🕨 \$	_ and th	ie			
c	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information: Name Gaming manager compensation							
	Description of services provided	·						
	☐ Director/officer	Employee	☐ Independent contract	or				
17	Mandatory distributions:							
a	•	er state law to make charitable d	stributions from the gaming proceed	s to		\cap		
b		required under state law distrib	uted to other exempt organizations o	r spent		☐ Yes	U No	
	in the organization's own exempt		· =					
Par			ions required by Part I, line 2b, licable. Also provide any addition					s.
	Return Reference		Explanation					
		•		Sched	ule G (Fo	orm 990) 2	022	
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10/22/25. 6:13 AM efile Public Visual Render ObjectId: 202440329349301109 - Submission: 2024-02-01 TIN: 85-3619218 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization THE CAHN FELLOWS PROGRAMS Employer identification number 85-3619218 **Questions Regarding Compensation** Yes No 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. $\hfill \Box$ Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence

Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the 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 Written employment contract Independent compensation consultant Compensation survey or study V Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? . . . Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? No 5a Any related organization? 5b No b If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a No 6b Nο If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Nο Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No

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Schedule J (Form 990) 2022 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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

(E) Total of (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (F) Compensation in and/or 1099-NEC and other benefits columns deferred (B)(i)-(D) column (B) (iii) Other (i) Base (ii) reported as Bonus & compensation compensation reportable deferred on prior incentive compensation Form 990 compensation 1 IONATHAN SMITH 177,500 20,000 (i) 5,325 5,490 208,315 0 DIRECTOR OF BUSINESS & FINANCE 0 (ii) 2 BARBARA MCKEON SENIOR PROGRAM DIRECTOR 163,669 179,072 (i) 0 0 4.913 10,490 0 (ii) 0

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							Schedule J (F	orm 990) 2022	
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			— Page 3 ——						
Schedule J (Form 990) 2022								Page 3	
Part III Supplemental Information									
Provide the information, explanation, or descripti	ons required for Part I, lines	1a, 1b, 3, 4a, 4b	, 4c, 5a, 5b, 6a, 6b	7, and 8, and for	Part II. Also comp	ete this part for a	ny additional info	ormation.	
Return Reference		Explanation							
							Schedule J (Form 990) 2022		
Additional Data							Ref	turn to Form	

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TIN: 85-3619218

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE CAHN FELLOWS PROGRAMS **Employer identification number**

85-3619218

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHARLES CAHN AND AMANDA CAHN - FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 8B	NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY WERE IN EXISTENCE FOR FISCAL YEAR 2023.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WILL BE SHARED WITH AND REVIEWED BY THE BOARD'S BUDGET AND FINANCE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER WILL REVIEW AND SIGN AN ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST POLICY UPON ADOPTION AND IN MAY OF EACH EVEN-NUMBERED YEAR. THE CONFLICT OF INTEREST POLICY STATES THAT: A) ANY RESPONSIBLE PERSON WHO HAS A POTENTIAL CONFLICT OF INTEREST SHALL DISCLOSE THAT TO THE PRESIDENT OF THE CAHN FELLOWS PROGRAM. B) IF THE PRESIDENT DEEMS THE MATTER TO BE A CONFLICT, THE PRESIDENT SHALL INFORM THE RESPONSIBLE PERSON TO AVOID THE TRANSACTION OR AGREEMENT. THE PRESIDENT WILL INFORM OUR PROGRAM'S SENIOR STAFF, DEFINED AS THE NATIONAL DIRECTOR AND PROGRAM DIRECTOR, OF THAT DECISION. C) IF THE RESPONSIBLE PERSON DISAGREES WITH THE PRESIDENT'S CONCLUSION, HE/SHE MAY TAKE THE MATTER TO THE FULL BOARD.
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD WITH AN ANNUAL REVIEW. ALL OTHER POSITIONS ARE ANNUALLY REVIEWED BY THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S BUDGET AND FINANCE COMMITTEE OVERSEES THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.
	stian Act Nation and the Instructions for Earm 000 or 000 E7 Cat. No. 51056V Schodula O./Earm 000) 2022

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Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Return to Form

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