m 99	0	

For	n 92	90													OMB No	. 1545-00)47
1 011	Return of Organization Exempt From Income Tax							2022									
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					Onon	to Duk	alic										
Depa Inter	Department of the Treasury Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection												
Α	For t	he 2022 calen	dar	year, or tax	year beg	jinning	8/0	01	, 2	022, ar	nd endin	ig 7/	31	,	20 202	23	
В	Check	if applicable:	С		D Empl						D Emplo	yer identif	ication n	umber			
	A	ddress change	ΤA	M HIGH	FOUNDA	TION							68-	03853	326		
	N	lame change		0 MILLE									E Teleph	one numbe	er		
	Ir	MILL VALLEY, CA 94941 415-380-3565															
	Fi	nal return/terminated															
	A	mended return											$\boldsymbol{G} \ \text{Gross}$	receipts \$	5	932	,544
	A	pplication pending	F	Name and add	ress of princ	ipal officer	" SUS	SAN BOY	LE			• •	a group retu			Yes	Х _N
				ME AS C				-				H(b) Are all If "No."	l subordinate " attach a lis	s included	? ructions.	Yes	N
I	Tax	-exempt status:	Х	501(c)(3)	501(c)	() (ii	nsert no.)	4947(a)((1) or	527	,					
J	We	ebsite: WW	W.:	FAMHIGHI	FOUNDA	TION.	ORG					H(c) Group	exemption n	lumber			
Κ	Forr	n of organization:	Х	Corporation	Trust	Assoc	ciation	Other		L Yea	r of format	ion: 199	6 M	State of le	gal domic	ile: CA	ł
Pa	rt I	Summar	у														
	1	Briefly descri	be t	he organiza	tion's mis	ssion or	most	significant	activities:	SEE	SCHEI	DULE O					
ø																	
anc																	
ern	•														·		
Governance	2	Check this bo Number of vo							rations or					net ass	sets.		2
	4	Number of in												4			2
ties	5	Total number												5			
Activities &	6	Total number			•									6			3
Ac		Total unrelate												7a			0
	b	Net unrelated	bus	siness taxal	ble incom	le from l	Form S	990-T, Par	t I, line 11					7b			0
	•	0 1 1 1				11.							Prior Year		Cu	rrent Y	
er	8 9	Contributions Program serv											874,	996.		896	,628
Revenue	9 10	Investment in		-		•••							16,	110		22	,313
Rev	11	Other revenue		•									10,	119.			, 603
	12	Total revenue											891,	115			,544
	13	Grants and si			-		-						878,				,760
	14	Benefits paid						-	-				0107	120.		050	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	15	Salaries, othe			-								48,2	200		53	,520
nses	-	Professional		•									40,7	200.			, 520
ens		Total fundrais		-													
Expel	17										,766.		0.01	100		0.01	705
	17	Other expens						-					201,				,735
	18	Total expense											L,128,				,015
. 0	19	Revenue less	exp	benses. Suc	otract line	e 18 fron	n line	12					-236,				,471
ta ol nce	20	Total assets (Dar	t X lina 16	\ \								ng of Curre			d of Ye	
Bala	20 21	Total liabilitie		-								_	2,235, 950,	043. 011	2	,045 722	,885 ,499
Net Assets or Fund Balances	21		-		-										-		
-		Net assets or			. Subtract	t line 21	from	line 20				.]]	L,284,	899.	1	<u>,312</u>	,386
	rt II	Signatur															
Unde	er pena	Ities of perjury, I de Declaration of prepa	clare	that I have exa other than office	amined this r	eturn, incl	uding ac	companying s	chedules and	statemer	nts, and to	the best of m	ny knowledge	e and belie	f, it is tru	e, correct	t, and

	0						
Sian	Signature of officer			Date			
Sign Here	ESTHER CH			TREASU	RER		
	Print/Type preparer	's name	Preparer's signature	Date	Check X if	PTIN	
Paid	MARK MUMM	I	MARK MUMM			P01765746	
Preparer	Firm's name	MARK MUMM, CE	PA				
Use Only	Firm's address	12655 FIORI I	LANE		Firm's EIN 47	-4242498	
		SEBASTOPOL, C	CA 95472		Phone no. 415	-453-3341	
May the IRS discuss this return with the preparer shown above? See instructions X Yes No							No
BAA For Pa	BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/01/22 Form 990 (202						(2022)

Form	990 (2022) TAM HIGH FOUNDATION	68-0385326	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the price		
	Form 990 or 990-EZ?	····· Yes	X No
~	If "Yes," describe these new services on Schedule O.		37 N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program servi	and an managered by a	vnoncoc
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation:	s to others, the total ex	penses.
	and revenue, íf ány, for each program service reported.		. ,
4a	(Code:) (Expenses \$ 726,554. including grants of \$ 693,760.) (R	evenue \$)
	FOR THE SUPPORT OF EDUCATIONAL PROGRAMS AND SERVICES FOR APPROXIM	ATELY 1,600	
		XAMPLES OF ITEM	
	FUNDED WITH MONIES GRANTED BY THE TAM HIGH FOUNDATION ARE: TECHNO		
	CHROME BOOKS, LAPTOPS AND CARTS FOR STUDENT USE IN CLASSROOMS AND		NTIFIC
	CALCULATORS FOR MATH AND EQUIPMENT FOR SCIENCE, PHOTOGRAPHY & AUT		
	ARTISTS FOR THEATER, STUDIO ART, MUSIC & ENGLISH. TRAINING AND F		
	WELLNESS, LEADERSHIP, PEER RESOURCES, MINDFULNESS, PEER MENTORING		
	& WORKPLACE LEARNING. FIELD TRIPS FOR EXPERIENTIAL LEARNING & TUT	ORING PROGRAMS	FOR
	STUDENTS_NEEDING_ACADEMIC_SUPPORT.		
	(Code:) (Expenses \$ 53,117. including grants of \$) (R	evenue \$	<u> </u>
40	PATRONS OF THE ARTS (PATH) SUPPORTS APPROXIMATELY 600 STUDENTS PA		/
	TAM HIGH VISUAL ARTS PROGRAM. PATH HELPS FUND FIELD TRIPS AND ST		
	EXHIBITIONS, AND PROVIDES SUPPLIES, WORKBOOKS, AND PROFESSIONAL D		ART
	TEACHERS.		
4c	(Code:) (Expenses \$42,410. including grants of \$) (R	evenue \$)
	TAM HIGH UNITED MUSIC BOOSTERS (THUMB) SUPPORTS 150 STUDENTS PART	ICIPATING IN T	AM
	HIGH MUSIC CLASSES. THE MAJORITY OF THE FUND-RAISED DOLLARS PAY	FOR INSTRUMENT	
	REPAIRS AND REPLACEMENTS, SHEET MUSIC, FIELD TRIPS AND MUSIC FEST	IVALS, WORKSHO	<u>PS</u>
	WITH PROFESSIONAL MUSICIANS, AND SCHOLARSHIPS TO STUDENTS FOR PRI	VATE INSTRUCTION	<u>ON.</u>
A -1	Other program convises (Describe on Schedule C)		
4d	Other program services (Describe on Schedule O.)SEE SCHEDULE O(Expenses \$ 31,101. including grants of \$) (Revenue \$,	\
10	(Expenses\$ 31,101. including grants of\$) (RevenueTotal program service expenses853,182.		/
BAA		Form	990 (2022)

Form 990 (2022) TAM HIGH FOUNDATION

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes X	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		Х
		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
BAA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	X 990	(2022)

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Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Х Schedule J..... 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.* Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I..... 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*..... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If "Yes," complete Schedule L, Part III..... 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV..... Х 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV..... Х 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M. 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I.* 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, 34 Х and Part V, line 1..... 34 **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... Х 35a **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2......* 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI.* 37 37 Х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O. Х 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? 1c

Form 990 (2022)

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TAM HIGH FOUNDATION

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Form	990 (2022) TAM	HIGH FOUNDATION	68-0385326	F	Page 5
Part	t V Stateme	nts Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
2a	Enter the number of ments, filed for the c	employees reported on Form W-3, Transmittal of Wage and Tax State- alendar year ending with or within the year covered by this return 2a	1		
b		prted on line 2a, did the organization file all required federal employment tax return		Х	
		have unrelated business gross income of \$1,000 or more during the year?			Х
	-	n 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.			
	financial account in a	calendar year, did the organization have an interest in, or a signature or other authority a foreign country (such as a bank account, securities account, or other financial ac	count)? 4a		Х
b		ame of the foreign country			
_		ing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (V
	-	n a party to a prohibited tax shelter transaction at any time during the tax year?			X X
		y notify the organization that it was or is a party to a prohibited tax shelter transact			Λ
		r 5b, did the organization file Form 8886-T?			
6a	Does the organizatio solicit any contribution	n have annual gross receipts that are normally greater than \$100,000, and did the ons that were not tax deductible as charitable contributions?	organization 6a		Х
b	If "Yes," did the organ not tax deductible?	ization include with every solicitation an express statement that such contributions or gift	s were 6b		
7	Organizations that n	nay receive deductible contributions under section 170(c).			
	Did the organization	receive a payment in excess of \$75 made partly as a contribution and partly for go	ods and		
	services provided to	the payor?	7a		Х
	-	nization notify the donor of the value of the goods or services provided?			
С		ell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
		number of Forme 0000 filed during the upper	7 c		^
		number of Forms 8282 filed during the year	-1		X
	-	receive any funds, directly or indirectly, to pay premiums on a personal benefit con			X
	-	during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct? 7f		^
-	as required?	eived a contribution of qualified intellectual property, did the organization file Form 8899	7g		
h		ceived a contribution of cars, boats, airplanes, or other vehicles, did the organizati			
8		ions maintaining donor advised funds. Did a donor advised fund maintained by the spor			
-		cess business holdings at any time during the year?	-		
9	-	ations maintaining donor advised funds.	•		
		rganization make any taxable distributions under section 4966?			
	1 0	rganization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) or				
		apital contributions included on Part VIII, line 12			
		ded on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) or				
		nembers or shareholders			
	against amounts due	e or received from them.).			
		on-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 12a		
		nount of tax-exempt interest received or accrued during the year 12b			
		ualified nonprofit health insurance issuers.			
а	-	censed to issue qualified health plans in more than one state?	13a		
		ctions for additional information the organization must report on Schedule O.			
b	Enter the amount of which the organization	reserves the organization is required to maintain by the states in on is licensed to issue qualified health plans			
С	Enter the amount of	reserves on hand 13c			
14a	Did the organization	receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a	a Form 720 to report these payments? If "No," provide an explanation on Schedule	0 14b		
15	excess parachute pa	ubject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative yment(s) during the year?			Х
		ictions and file Form 4720, Schedule N.			X
16		n educational institution subject to the section 4968 excise tax on net investment in prm 4720, Schedule O.	ncome? 16		^
17		rganizations. Did the trust, or any disqualified or other person engage in any activ on of an excise tax under section 4951, 4952, or 4953?			
BAA		TEEA0105L 09/01/22	Form	990	2022

Form 990 ((2022) TAM HIGH FOUNDATION
Part VI	Governance, Management, and Disclosure. For each "Yes" re
	a "No" response to line 8a, 8b, or 10b below, describe the circ
	Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

heck if Schedule O	contains a response	or note to any	v line in this	Part VI

Sec	tion 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 1a 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
h					
	Enter the number of voting members included on line 1a, above, who are independent 1b 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
2	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		Х	
4	Did the organization make any significant changes to its governing documents				
	since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х	
6	Did the organization have members or stockholders?	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O The governing body?		V		
	Each committee with authority to act on behalf of the governing body?	8a	Х	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		Λ	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	10.0	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	even	Yes	· · ·	
10-	Did the organization have local chapters, branches, or affiliates?	10a	res	No X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	TUa		Λ	
D	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	Х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O				
	12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?	12b	Х		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> SEE. SCHEDULE.0	12c	X		
	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official.	15a		X	
b	Other officers or key employees of the organization	15b		Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х	
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			
Sec	tion C. Disclosure			1	
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.)1(c)(3	3)s on	ly)	
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	SUE HOLZER 700 MILLER AVE. MILL VALLEY CA 94941 415-380-3565				
BAA	TEEA0106L 09/01/22	Form	990	(2022)	

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	-
esponse to lines 2 through 7b below, and	for
cumstances, processes, or changes on	

Form 990 (2022) TAM HIGH FOUNDATION	68-0385326	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employee	es, and			
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 organization's tax year.	with or within the				
• List all of the organization's current officers, directors, trustees (whether individuals or organizat compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	tions), regardless of amount of				

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

			(C)								
	(A) Name and title	(B) Average hours	Pos thar is	s both	an o	officer /truste			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1)	ELAINE WILKINSON	20									
	EXECUTIVE DIR.	0	Х		Х				47,195.	0.	0.
_(2)	SUSAN BOYLE	5									
	CHAIR	0	Х		Х				0.	0.	0.
(3)	LIZ HARRELL	2									
	VICE CHAIR	0	Х		Х				0.	0.	0.
_(4)	NANCY FELDER	2									
	SECRETARY	0	Х		Х				0.	0.	0.
_(5)	SALLY LOW	5									
	TREASURER	0	Х		Х				0.	0.	0.
_(6)	IONA SCOBIE	1									
	DIRECTOR	0	Х						0.	0.	0.
(7)	RACHEL HOWARD HINES	1									-
	DIRECTOR	0	Х						0.	0.	0.
(8)	JOAN_HOTTENSTEIN	1									
	DIRECTOR	0	Х						0.	0.	0.
(9)	KRISTEN KENNEL	1									-
	DIRECTOR	0	Х						0.	0.	0.
(10)	STEPHANIE CUCCARO-ALAMIN	1									
	DIRECTOR	0	Х						0.	0.	0.
<u>(11)</u>	ASHLEY STERNFELS	1									
	DIRECTOR	0	Х						0.	0.	0.
(12)	TUYEN BONNEAU	1							_		_
	DIRECTOR	0	Х						0.	0.	0.
(13)	JACKIE PIERCE	1							_		_
	DIRECTOR	0	Х						0.	0.	0.
(14)	LOUISE ARMOUR	1									-
	DIRECTOR	0	Х						0.	0.	0.
BAA		TEEA0	107L	09/01	/22						Form 990 (2022)

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Pa	t VII Section A. Officers, Directors, Tru	stees,	Key	Em	plo	bye	es, a	anc	d Highest Com	pensated Emp	oyee	s (conti	nued)
		(B)			(0	C)							
	(A) Name and title	Average hours per week	box, offic	unles cer an	ss pe d a d	erson direct	e than c is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) nated amo of other ensation t	
		(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	brganizati nd related janization	ion 1
(15)		1											
(15)	LISA_BARNES DIRECTOR	1	Х						0.	0.			0
(16)	DEBBIE PORZIO	1	Λ						0.	0.			0.
(10)	DIRECTOR	<u>+</u>	Х						0.	0.			0.
(17)	JACK BAILEY	1	Δ						0.	0.			0.
<u></u>	DIRECTOR		X						0.	0.			0.
(18)	MILLY SKILES	1								•••			
<u> </u>	DIRECTOR		Х						0.	0.			0.
(19)	LAURA SPENCE	1											
	DIRECTOR	0	Х						0.	0.			0.
(20)	KENDRA POLLACK	1											
	DIRECTOR	0	Х						0.	0.			0.
(21)	BECKY COVER	1											
	DIRECTOR	0	Х						0.	0.			0.
(22)	DUNCAN KING	1											
(00)	DIRECTOR	0	Х						0.	0.			0.
(23)	LORENA ESPINO	1							0	0			0
(24)	DIRECTOR	0	Х						0.	0.			0.
(24)	PHIL_ROSSINGTON DIRECTOR	<u>_</u>	Х						0.	0.			0
(25)	TODD MOUTAFIAN	1	Λ						0.	0.			0.
(23)	DIRECTOR	<u>+</u>	Х						0.	0.			0.
1b	Subtotal						L I		47,195.	0.			0.
С	Total from continuation sheets to Part VII, Section								0.	0.			0.
	Total (add lines 1b and 1c)									0.			
	Total number of individuals (including but not limited									0 of reportable comp	ensatio	n	
	from the organization 0												
												Yes	No
3	Did the organization list any former officer, direct												
	on line 1a? If "Yes, "complete Schedule J for such	h individu	ial								. 3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	00'? /	lf "\	Yes,	" con	iple	ete Schedule J for		4		X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e comper s," comple	nsatio ete S	n fro cheo	om i dule	any 9 <i>J f</i> a	unrel or suc	ate :h p	d organization or	individual	. 5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compensation	sated ind sation for	epeno the ca	dent	cor ar v	ntrao vear	ctors endir	tha na w	t received more the or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business addr					your	onun	ig i	(B) Description of		(C) ensatio	'n
									-				
									<u> </u>				
										ľ			
2	Total number of independent contractors (including b	ut not lim	ited to	o tho	se l	isteo	abov	/e) \	who received more	than			
	\$100,000 of compensation from the organization	0											

Form 990 (2022) TAM HIGH FOUNDATION Part VIII Statement of Revenue

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Par	t VI	Statement of Revenue Check if Schedule O contains	a resr	oonse or note to any	/ line in this Part VI	11		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्फ रा	1a	Federated campaigns	1a					
nan	b	Membership dues	1b					
s, G Ame	С	Fundraising events	1c	6,464.				
Gifts lar,	d	Related organizations	1d					
ns, (е	Government grants (contributions)	1e					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	890,164.				
ontri Ind O	g	Noncash contributions included in lines 1a-1f.	1g	34,236.				
	h	Total. Add lines 1a-1f		Business Code	896,628.			
Program Service Revenue	2a			Business Code				
eve	2a b							
зe В	U C							
wic	J d							
n Se	e							
Jran	f	All other program service revenu	ie					
roć		Total. Add lines 2a-2f						
	3	Investment income (including divide						
	-	other similar amounts)			32,313.			32,313.
	4 Income from investment of tax-exempt bond prod			t bond proceeds				
	5	Royalties						
	~	(i) R	eal	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c Net rental income or (loss)						
		(i) Sooi		(ii) Other				
	7a	Gross amount from						
		other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b						
	с	Gain or (loss) 7c						
	d	Net gain or (loss)						
¢)		Gross income from fundraising events	Γ					
ňu	υa	(not including \$ 6,464	1.					
eve		of contributions reported on line 1c).						
Å		See Part IV, line 18	8	5,000.				
Other Revenue		Less: direct expenses	8	-				
б	С	: Net income or (loss) from fundra	ising	events	3,603.			
	9a	Gross income from gaming activities. See Part IV, line 19	9	a				
	b	Less: direct expenses	9					
		Net income or (loss) from gamin						
	1 0 a	Gross sales of inventory, less returns and allowances	10					
	h	Less: cost of goods sold	10					
		Net income or (loss) from sales	-	-				
s				Business Code				
ng a	11a	I						
ane nu	11a b c d	,						
elk Sve	С							
Miscellaneous Revenue	d	All other revenue						
Σ	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			932,544.	0.	0.	32,313.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sec	tion 501(c)(3) and 501(c)(4) organizations must corr Check if Schedule O contains a r				
·		esponse or note to any (A)	(B)	(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	684,974.	684,974.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	8,786.	8,786.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	49,477.	19,549.	7,652.	22,276.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,043.	1,598.	625.	1,820.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	1,925.		1,925.	
d	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	J Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	33,531.	1,107.	32,424.	
12	Advertising and promotion.	12,204.			12,204.
13	Office expenses	1,354.		1,219.	135.
14	Information technology			_/	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,222.		3,222.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PATH PROGRAM EXPENSES	53,117.	53,117.		
b		42,410.	42,410.		
c		31,101.	31,101.		
d		11,922.			11,922.
	All other expenses	10,949.	10,540.		409.
	Total functional expenses. Add lines 1 through 24e	949,015.	853,182.	47,067.	48,766.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following	5157010.		11,007.	10,700.
RAA	SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2022) TAM HIGH FOUNDATION

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Part X Balance Sheet

	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	1,322,071.	1	61,999.
2	Savings and temporary cash investments.	159,900.	2	1,222,502
3	Pledges and grants receivable, net	,	3	, ,
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6			6	
7			7	
			8	
Assets 6 8			9	2 2 6
δ I			9	2,368
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11		753,872.	11	759,016
12			12	
13	1 5		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,235,843.	16	2,045,885
17	Accounts payable and accrued expenses	2,206.	17	26,290
18	Grants payable	927,929.	18	707,209
19	Deferred revenue	20,809.	19	
20	Tax-exempt bond liabilities		20	
ທ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 21 22 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
			22	
23			23	
24 25			24	
26		950,944.	25 26	
_	Organizations that follow FASB ASC 958, check here	950,944.	20	733,499
Ê	and complete lines 27, 28, 32, and 33.			
8 27		1,284,899.	27	1,312,386
28			28	
Net Assets of Fund Balances 82 25 26 20 20 20 20 20 20 20 20 20 20 20 20 20	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
2 30			30	
ത്			31	
ຜັ 31				
ຜິ∣31 ¥∣32 ∎∣32	Total net assets or fund balances	1,284,899.	32	1,312,386

		038532	6	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	93	2,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	9,015.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	6,471.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,28	4,899.
5	Net unrealized gains (losses) on investments	5	4	3,958.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,31	2,386.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a		
Ь	Were the organization's financial statements audited by an independent accountant?		2b	х
IJ	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		. 20	
	basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		. 3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	
BAA	TEEA0112L 09/01/22		Form 9	90 (2022)

SCHEDULE A (Form 990)

Total

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. 2022

OMB No. 1545-0047

Denartn	Attach to Form 990 or Form 990-EZ. Open to Public							
Internal	Revenue Service	G	o to www.irs.gov/For	m990 for instructions a	and the l	atest in		Inspection
	f the organization						Employer identifie	
	HIGH FOUN					- 1 - 1 - i	68-038532	
Part				For lines 1 through 12,			1 /	ctions.
1 ne o	ň	•		hurches described in sec		2	,	
2				tach Schedule E (Form		5/1/~/		
3				ization described in se		0(b)(1)(A	A)(iii).	
4	· ·	research organiza	1 0	unction with a hospital				Enter the hospital's
5	An organiz section 17	 ation operated fo 0(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in
6 7			6	ental unit described in s				
	in section	170(b)(1)(A)(vi).	(Complete Part II.)	part of its support from a	-	ental un	it or from the general pu	Iblic described
8	=			A)(vi). (Complete Part				
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12 a	or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
_	organizatior	n(s) the power to re Part IV, Sections	egularly appoint or elect A and B.	t a majority of the directo	rs or trus	stees of	the supporting organizat	ion. You must
b	managemer	supporting organi it of the supporting blete Part IV, Sec t	g organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You
С	Type III fund	ctionally integrated n(s) (see instruct	I. A supporting organizat ions). You must com	tion operated in connectio plete Part IV, Sections	n with, ai A, D, an	nd functi d E.	onally integrated with, its	supported
d	functionally	/ integrated. The	organization generally	janization operated in co must satisfy a distribu mathematics and D, and Part V.	ition rea	with its s uiremen	supported organization(s t and an attentiveness	s) that is not requirement (see
e	integrated,	or Type III non-fu	unctionally integrated	en determination from supporting organization		that it is	s a Type I, Type II, Typ	be III functionally
f		ber of supported						
-	Name of supporte		on about the supported	(iii) Type of organization	(L. A.)	c the	(v) Amount of monetary	(vi) Amount of other
U.	name of supporte	organization		(described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	support (see instructions)	support (see instructions)
					Yes	No	-	
(A)								
(B)								
(C)								
(D)								
(E)								
								1

Page 2

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

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

Section A. Public Support

	tion A. I ublic Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	976,282.	917,171.	850,134.	874,996.	896,628.	4,515,211.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,	,	, , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , ,	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	976,282.	917,171.	850,134.	874,996.	896,628.	4,515,211.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						4,515,211.
Sec	tion B. Total Support		T		1	-	
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	976,282.	917,171.	850,134.	874,996.	896,628.	4,515,211.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,945.	19,438.	21,152.	16,340.	32,313.	104,188.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						4,619,399.
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20						97.74%
	Public support percentage from 2					LI	97.90 %
16a	33-1/3% support test—2022. If the and stop here. The organization	he organization di qualifies as a pub	d not check the bo licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test–2021. If th and stop here. The organization	e organization dic qualifies as a put	l not check a box blicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this h	box and stop here	. Explain in Part V	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-and d-circumstances te	nd-circumstances est. The organizati	test, check this to on qualifies as a	box and stop here publicly supporte	• Explain in Part d organization	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities	-					
•	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or	-					
	facilities furnished by a						
	governmental unit to the organization without charge						
c	а С	-					
	Total. Add lines 1 through 5 Amounts included on lines 1,						
74	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010	(4) = 0 : 0	(0) =0=0	(4) _0_1	(0) = 0 = =	(1) 10101
-	Gross income from interest, dividends,	-					
iva	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
5	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
1/	First 5 years. If the Form 990 is	for the organizati	on's first second	third fourth or t	fifth tax year as a	soction 501(c)(3)	
14	organization, check this box and						
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20	22 (line 8, colum	n (f), divided by li	ne 13, column (f))		olo
16	Public support percentage from	2021 Schedule A	Part III, line 15.				olo
Sec	tion D. Computation of Inv	estment Inco	ne Percentage	9		· · ·	
17	Investment income percentage f	or 2022 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	0/0
18	Investment income percentage f			-			00
	33-1/3% support tests-2022. If	the organization of	lid not check the I	box on line 14, a	nd line 15 is more	than 33-1/3%, and	l line 17
	is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies	as a publicly supp	orted organization	
b	33-1/3% support tests-2021. If t	the organization of	lid not check a bo	x on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
~ ~	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	a see instructions	

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Page 4

 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b			
	and 3c below.	3a		
ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	a 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		
ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
		ŦC		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ł	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		
C	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990</i>).	7		
~		/		
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	a 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 .	9a		
		Ja		
ł	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	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? <i>If "Yes," provide detail in Part VI.</i>	9c		
10a	a 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		
ł	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.)	10b		

Part IV	Supporting Organizations (continued)		_	
			Yes	No
11 Ha	s the organization accepted a gift or contribution from any of the following persons?			
a A p the	person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, e governing body of a supported organization?	11a		
b A f	amily member of a person described on line 11a above?	11b		
c A 3	5% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

TAM HIGH FOUNDATION

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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.
- 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.

2a

2b

3a

Yes

No

68-0385326

Page 5

Yes

1

2

No

Part V

TAM HIGH FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g trust on Nov izations must	/. 20, 1970 (explain ir complete Sections A	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gr income or for management, conservation, or maintenance of property held for production of income (see instructions)	oss 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	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for s tax year or assets held for part of year):	short		
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza		d)	<u>JJZ0</u> ruge,
	tion D – Distributions			/	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity		IS,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e 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 organizati in Part VI). See instructions.	on is responsive (provide	e details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(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 – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	P From 2018				
	From 2019				
-	From 2020				
	Prom 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	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				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
C	Excess from 2020				
C	Excess from 2021				
e	Excess from 2022				

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	TAM HIGH FOUNDATION	68-0385326	Page 8
III, Ine 12; Part I B, lines 1 and 2; 3a, and 3b; Part V	I Information. Provide the explanations required by Pa V, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; V, line 1; Part V, Section B, line 1e; Part V, Section D, lines Also complete this part for any additional information. (Se	a, 11b, and 11c; Part IV, Section Part IV, Section E, lines 1c, 2a, 2b, 5, 6, and 8; and Part V, Section E,	

SCHEDULE	С
(Form 990)	

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

2022 Open to Public Inspection

• 5	Section 501(c) (other than sec	s: Complete Parts I-A and B. Do not comp tion 501(c)(3)) organizations: Complete Pa		Do not complete Part I	-В.
	Section 527 organizations: Co				
		on Form 990, Part IV, line 4, or Form 990-EZ, I			
		that have filed Form 5768 (election under sect			
F	Part II-A.	s that have NOT filed Form 5768 (election			
If the (Pro:	e organization answered "Yes xy Tax) (See separate instruc	s," on Form 990, Part IV, line 5 (Proxy Tax) tions), then	(See separate instrue	ctions) or Form 990-EZ	Z, Part V, line 35c
• 5	Section 501(c)(4), (5), or (6) c	rganizations: Complete Part III.			
Name	of organization			Employer identific	ation number
ТАМ	A HIGH FOUNDATION			68-038532	26
		rganization is exempt under section	on 501(c) or is a s		
1		organization's direct and indirect political c n of "political campaign activities."	ampaign activities in	Part IV.	
2	Political campaign activity es	xpenditures. See instructions.		ę	5
		campaign activities. See instructions			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
	-	tise tax incurred by the organization under		¢	<u> </u>
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	ç	
3		a section 4955 tax, did it file Form 4720 for			
4 a	Was a correction made?		-		
	If "Yes," describe in Part IV.				
-		rganization is exempt under section	on 501(c), excen	t section 501(c)(3)	-
	-	pended by the filing organization for section			
		g organization's funds contributed to other			
	527 exempt function activitie	25			3
3	Total exempt function expen line 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	¢	5
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the an is received that were promptly and directly del al action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	i as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2022

Sched	lule C (Form 990) 2022 TAM HIGH FO	DUNDATION	68-0385	326 Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ection under
Α		ngs to an affiliated group (and list in Part IV each affiliat nd share of excess lobbying expenditures).	ed group member's name	,
в		ked box A and "limited control" provisions apply.		
	Limits on Lobb (The term "expenditures" me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a		ublic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a	and 1b)	0.	0.
d	Other exempt purpose expenditures		949,015.	
е	Total exempt purpose expenditures (add li	nes 1c and 1d)	949,015.	0.
f	Lobbying nontaxable amount. Enter the ar columns.	nount from the following table in both	167,352.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Γ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Γ	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	of line 1f)	41,838.	0.
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or less	s, enter -0	0.	0.
j		r line 1h or line 1i, did the organization file Form 4720 r		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying	Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	146,959.	117,968.	179,019.	167,352.	611,298.
 b Lobbying ceiling amount (150% of line 2a, column (e)) 					916,947.
c Total lobbying expenditures	15,000.	9,000.	999.		24,999.
d Grassroots nontaxable amount	36,740.	29,492.	44,755.	41,838.	152,825.
e Grassroots ceiling amount (150% of line 2d, column (e))					229,238.
f Grassroots lobbying expenditures					0.

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Schedule C (Form 990) 2022

	(election under section 501(h)).	(2	.)	(b)	
For e desc	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		ount	
b c f f h i j 2a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements?. Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
с	If "Yes," enter the amount of any tax incurred under section 4912. If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or			
1 2 3 Pa r	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the p till-B Complete if the organization is exempt under section 501(c)(4), section 501((6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b)	orior y (c)(5)	ear?	2 3 ection 5	Yes 01(c)	
	answered "Yes."		-	,		
	Dues, assessments and similar amounts from members		1 2a			
b c 3	Carryover from last year		2b 2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?		4			
Par	Taxable amount of lobbying and political expenditures. See instructions		Э			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

68-0385326

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Schedule C (Form 990) 2022

TAM HIGH FOUNDATION

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

SCI	HEDULE D	Supr	plemental Financial St	atements			OMB No.	1545-	0047
	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.			20		_			
Depar Intern	Control for and the latest information.					Open t Inspec		blic	
	of the organization					Employer id	lentification n		r
	HIGH FOUND		any Advised Funds or Oth	er Cinciler From		68-038			
Par			nor Advised Funds or Oth 'Yes" on Form 990, Part IV, line 6.		IS OF A	ccounts	•		
	Complete	in the organization anowered	(a) Donor advised fun		(b) F	unds and	other acco	unts	
1	Total number at e	end of year							
2	Aggregate value of cor	ntributions to (during year)							
3		ants from (during year)							
4	Aggregate value a	at end of year							
5	are the organizati	ion's property, subject to the	or advisors in writing that the as organization's exclusive legal co	ntrol?		· · · · · · · L	Yes		No
6	Did the organizati	ion inform all grantees, dono	rs, and donor advisors in writing of the donor or donor advisor, o	that grant funds ca	an be use	ed only			
	impermissible pri	vate benefit?					Yes		No
Par		vation Easements.							
			'Yes" on Form 990, Part IV, line 7.						
1		-	the organization (check all that		6 - 1-1-1-				_
		of land for public use (for examp natural habitat	ble, recreation or education)	Preservation o Preservation o		5 1			а
		of open space				ieu nistori			
2			eld a qualified conservation contrib	ution in the form of	a conserv	vation ease	ment on th	е	
	last day of the tax								
						leld at the	End of the	e Tax	Year
					2a				
			nents		2 b 2 c				
					20				
(historic structure	listed in the National Registe	n (c) acquired after July 25, 2006 r		2 d				
3	Number of conserv tax year	vation easements modified, tran	sferred, released, extinguished, or	terminated by the or	ganizatio	n during th	e		
4	Number of states	where property subject to co	nservation easement is located						
5			garding the periodic monitoring,				7.4		
~			nts it holds? nspecting, handling of violations, a				Yes		No
6	Stall and volunteer	r nours devoted to monitoring, i	rispecting, handling of violations, al	na enforcing conserv	ation eas	sements at	ining the ye	ar	
7	Amount of expense	es incurred in monitoring, inspe	cting, handling of violations, and er	nforcing conservation	n easeme	ents during	the year		
8	Does each conse and section 170(h	rvation easement reported or)(4)(B)(ii)?	n line 2(d) above satisfy the requ	irements of sectior	170(h)(4)(B)(i)	Yes		No
9	In Part XIII, descuinclude, if application conservation ease	able, the text of the footnote i	orts conservation easements in i o the organization's financial sta	ts revenue and exp tements that descr	pense sta ibes the	atement a organizati	nd balance on's accou	she Inting	et, and g for
Par	rt III Organiz	zations Maintaining Col	lections of Art, Historical 'Yes" on Form 990, Part IV, line 8.		Other S	imilar A	ssets.		
1 a	historical treasure	es, or other similar assets he	FASB ASC 958, not to report in d for public exhibition, education I statements that describes these	i, or research in fui	nent and therance	balance s e of public	heet works service, p	s of a rovid	art, le in
ł	historical treasures	s, or other similar assets held fo	FASB ASC 958, to report in its or public exhibition, education, or re	search in furtheranc	e of publ	ic service.	provide the		
	(i) Revenue inclu	uded on Form 990, Part VIII,	line 1			\$			
	(ii) Assets includ	ed in Form 990, Part X				\$			

	(n) / second modulus (n) / (n)
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
i	a Revenue included on Form 990, Part VIII, line 1\$
I	b Assets included in Form 990, Part X \$

TEEA3301L 07/06/22

Schedule D (Form 990) 2022

I

OMB No. 1545-0047

Schedule D (Form 990) 2022 TAM H				68-0385		Page 2
Part III Organizations Maint	taining Collectio	ons of Art, Histori	cal Treasures, or	Other Similar As	sets (conti	nued)
3 Using the organization's acquisition items (check all that apply):	, accession, and othe	r records, check any of	the following that make	e significant use of its c	ollection	
a Public exhibition		d Loan or exe	change program			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they furth	er the organization's ex	xempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive nan to be maintained	e donations of art, his I as part of the organi	torical treasures, or o zation's collection?	ther similar assets	Yes	No
Part IV Escrow and Custod reported an amount on Fo	ial Arrangement rm 990, Part X, line 1	s. Complete if the org 21.	anization answered "Y	'es" on Form 990, Part	IV, line 9, or	
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or ot	ner intermediary for co	ontributions or other a	assets not included	Yes	No
b If "Yes," explain the arrangement in						
		5		A	Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an a	mount on Form 990	Part X, line 21, for e	scrow or custodial ac	count liability?	Yes	No
b If "Yes," explain the arrangement	t in Part XIII. Check	here if the explanatio	n has been provided	on Part XIII	 · [4
					L	
Part V Endowment Funds.	Complete if the orga	nization answered "Ye	s" on Form 990, Part I	V, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	's back
1 a Beginning of year balance	753,872.	823,754.	663,558.	618,489.	582,	,106.
b Contributions						
c Net investment earnings, gains, and losses	60,052.	-69,882.	160,196.	45,069.	36,	,383.
d Grants or scholarships						
e Other expenditures for facilities and programs	30,260.			0.		
f Administrative expenses						
g End of year balance	783,664.	753,872.	823,754.	663,558.	618,	,489.
2 Provide the estimated percentage	e of the current year	end balance (line 1g,	column (a)) held as:			
a Board designated or quasi-endow	vment	00				
b Permanent endowment	olo					
c Term endowment	olo					
The percentages on lines 2a, 2b, ar	nd 2c should equal 10	0%.				
3a Are there endowment funds not in t	he nossession of the	organization that are be	ld and administered for	r tha		
organization by:		organization that are ne			Yes	No
(i) Unrelated organizations					3a(i)	Х
(ii) Related organizations					3a(ii)	Х
b If "Yes" on line 3a(ii), are the rela	ated organizations li	sted as required on S	chedule R?		3b	
4 Describe in Part XIII the intended	l uses of the organiz	ation's endowment fu	nds.			·
Part VI Land, Buildings, and	d Equipment.					
Complete if the organizati		n Form 990, Part IV, lir	ne 11a. See Form 990,	Part X, line 10.		
Description of property	(a) Cos	t or other basis (b		(c) Accumulated depreciation	(d) Book va	alue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Colum		rm 990, Part X. colum	n (B), line 10c.).			0.
BAA	()	,	<i>(),</i>		le D (Form 990	

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered "Yes" or			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
. ,	I derivatives			
., ,	neld equity interests			
(3) Other				
(A) (D)				
(B)				
(C)				
(D)				
<u>(E)</u>				
$\frac{(F)}{(C)}$				
$\frac{(G)}{(H)}$				
$\frac{(1)}{(1)}$				
	(b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII	Investments – Program Related.		N/A	
i art viii	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total (Column	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" or			
	(a) De	scription		(b) Book value
(1)				
(2)				
(3) (4)				
(5)				
(5) (6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)				
(6) (7) (8) (9) (10)				
(6) (7) (8) (9) (10) Total. (Colu	mn (b) must equal Form 990, Part X, column (B) line 15.)		
(6) (7) (8) (9) (10)	Other Liabilities.			5
(6) (7) (8) (10) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" or			5. (b) Book value
(6) (7) (8) (10) Total. (Colu Part X 1.	Other Liabilities. Complete if the organization answered "Yes" or	Form 990, Part IV, line		
(6) (7) (8) (10) Total. (Colu Part X 1. (1) Federa (2)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (10) Total. (Colu Part X 1. (1) Federa (2) (3)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		
(6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" or (a) Descr	Form 990, Part IV, line		

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

Schedule D (Form 990) 2022 TAM HIGH FOUNDATION	68-0385326 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements W	th Revenue per Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·
1 Total revenue, gains, and other support per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements V	/ith Expenses per Return. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses. 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Part XIII Supplemental Information.	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I		Gr	ants and Ot	her Assistance	to Organization	S		OMB No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service		Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.							
Name of the organization							Employer identifie		
TAM HIGH FOUNDATION		ants and Assista	200				68-038532	26	
1 Does the organization main the selection criteria used	tain records t	o substantiate the amo	unt of the grants or	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No	
2 Describe in Part IV the orga							PART IV		
Part II Grants and Othe			÷		ernments. Comple			Yes" on	
				more than \$5,000. F					
1 (a) Name and address of orgation or government	anization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) TAMALPAIS HIGH SCHOOL 700 MILLER AVENUE									
MILL VALLEY, CA 94941		68-0194361		72,117.	0.				
(2) TAMALPAIS UNION HIGH	SCHOOL D								
395_DOHERTY_DRIVE LARKSPUR, CA 94939	· – – – – –	68-0194361		605,357.	0.				
(3) TAM HIGH PTSA		00 0191001							
700 MILLER AVENUE									
MILL VALLEY, CA 94941		68-0194361		7,500.	0.				
(4)	·								
<u>(5)</u>									
(6)									
<u>(6)</u>									
(7)									
(8)									
<u></u>	·								
	·								
2 Enter total number of sec	tion 501(c)(3	B) and government or	ganizations listed	in the line 1 table				3	
3 Enter total number of oth								0	

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

68-0385326

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CLASS SUPPLIES	49	8,786.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

DETAIL OF GRANT SPENDING IS REQUIRED TO BE PROVIDED TO THE FOUNDATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TAM HIGH FOUNDATION

Par	tl Ty	pes of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Me noncas	(d) thod of det sh contribu	termini tion ar	ing nounts
1	Art – V	Norks of art								
2	Art – I	Historical treasures								
3	Art – I	ractional interests								
4	Books	and publications								
5	Clothir	g and household goods								
6	Cars a	nd other vehicles								
7	Boats	and planes								
8	Intelle	tual property								
9	Securi	ies – Publicly traded		Х	3	8,847.	FMV			
10	Securi	ties - Closely held stock								
11	Securi	ties – Partnership, LLC, or t	rust interests.							
12	Securi	ties – Miscellaneous								
13		ed conservation contribution								
14		ed conservation contribution								
15		state – Residential								
16	Real e	state – Commercial								
17		state – Other								
18		ibles								
19	Food ii	nventory					1			
20		and medical supplies					1			
21		rmy								
22	Histori	cal artifacts								
23	Scienti	fic specimens								
24	Archeo	logical artifacts								
25	Other	(ART SUPPLIES)	Х	1	25,389.	RETA	IL VALU	JE	
26	Other	(
27	Other	(
28	Other	()							
29	Numbe	r of Forms 8283 received by th	ne organization d	uring the tax	year for contributions fo	r which the				
		zation completed Form 8283					29			
								`	Yes	No
30a	Durina	the year, did the organization	receive by contri	bution any p	ronerty reported in Part I	lines 1 through 28 that				
500		hold for at least 3 years fro								
	for exe	mpt purposes for the entire	holding period?	?		· · · · · · · · · · · · · · · · · · ·		. 30 a		Х
b	If "Yes,	" describe the arrangement in	Part II.							
		ne organization have a gift a					ns?	. 31		Х
	contrib	ne organization hire or use t utions?						. 32 a		Х
		," describe in Part II.								
33		organization didn't report an be in Part II.	amount in colu	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			
BAA	For Pa	perwork Reduction Act Not	ice. see the Ins	tructions fo	r Form 990.		Sche	dule M (Fo	rm 990	0) 2022

Employer identification number

68-0385326

68-0385326 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

OMB No. 1545-0047
2022
Open to Public

Inspection

TAM HIGH FOUNDATION

Employer identification number 68-0385326

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE TAM HIGH FOUNDATION IS A FUNDRAISING ORGANIZATION THAT FOSTERS THE ACADEMIC EXCELLENCE AND EMOTIONAL AND PHYSICAL WELL-BEING OF ALL TAM STUDENTS. IN PARTNERSHIP WITH TAM HIGH FACULTY AND STAFF, THE FOUNDATION FUNDS GRANTS WHICH SUPPORT INNOVATIVE PROGRAMS, STATE-OF-THE-ART TOOLS AND EQUITABLE EDUCATIONAL OPPORTUNITIES IN ORDER TO PROVIDE EVERY STUDENT WITH A PATHWAY TO SUCCESS. WITH COMMUNITY SUPPORT, OUR EFFORTS MAKE TAM HIGH BOTH A TOP ACADEMIC HIGH SCHOOL AND AN EXTRAORDINARY EXPERIENCE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE TAM HIGH FOUNDATION IS A FUNDRAISING ORGANIZATION THAT FOSTERS THE ACADEMIC EXCELLENCE AND EMOTIONAL AND PHYSICAL WELL-BEING OF ALL TAM STUDENTS. IN PARTNERSHIP WITH TAM HIGH FACULTY AND STAFF, THE FOUNDATION FUNDS GRANTS WHICH SUPPORT INNOVATIVE PROGRAMS, STATE-OF-THE-ART TOOLS AND EQUITABLE EDUCATIONAL OPPORTUNITIES IN ORDER TO PROVIDE EVERY STUDENT WITH A PATHWAY TO SUCCESS. WITH COMMUNITY SUPPORT, OUR EFFORTS MAKE TAM HIGH BOTH A TOP ACADEMIC HIGH SCHOOL AND AN EXTRAORDINARY EXPERIENCE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CONSERVATORY THEATRE ENSEMBLE (CTE) SUPPORTS 300 STUDENTS PARTICIPATING IN TAM HIGH DRAMA CLASSES. THE MAJORITY OF FUNDS ARE USED FOR GUEST ARTIST WORKSHOPS, WHERE PROFESSIONAL THEATRE ARTISTS LEAD WORKSHOPS IN SPECIALIZED THEATRE SKILLS. WORKSHOPS INCLUDE DESIGN, DIRECTING, DANCE, PLAYWRITING, ACTING, AND VOICE. FUND-RAISED DOLLARS ALSO COVER EXPENSES FOR SETS, COSTUMES, PROPS, SCRIPTS, ROYALTIES FROM PUBLISHERS, FIELD TRIPS, AND LIGHTING EXPENSES.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

NOTHING VOTED ON OR DECIDED AT THE COMMMITTEE LEVEL.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ENTIRE FORM 990 IS REVIEWED BY THE TREASURER AND THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY ALL BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY

AND SIGN OFF ON THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL REQUIRED DOCUMENTS AVAILABLE UPON WRITTEN REQUEST.

Form	8868	
Form	8868	

(Rev. January 2022) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

 Name of exempt organization or other filer, see instructions.
 Taxpayer identification number (TIN)

		1.5	
Type or print	TAM HIGH FOUNDATION	68-0385326	
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.		
due date for filing your	700 MILLER AVE.		
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions.	MILL VALLEY, CA 94941		
Enter the Ret	turn Code for the return that this application is for (file a separate application for each return))1

 Application Is For
 Return Code
 Application Is For
 Return Code

 Form 990 or Form 990-EZ
 01
 Form 1041-A
 08

	01	FORM 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

● The books are in the care of ► SUE HOLZER 700 MILLER AVE. MILL VALLEY CA 94941

Telephone No. ► 415-380-3565

Fax No. ►

	If the organization does not have an office or place of business in the United States, check this box
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group,
	check this box . If it is for part of the group, check this box . and attach a list with the names and TINs of all members
	the extension is for.

1	I request an automatic 6-month extension of time until	6/15	, 20 <u>24</u> ,	to file the exempt organization return
	for the organization named above. The extension is t	for the organiz	zation's return	for:

•	calendar year 20	01
•	calendar year 20	C

Change in accounting period

	► X tax year beginning		ending <u>7/31</u>	, 20 <u>23</u> .		
2	If the tax year entered in line	1 is for less than 12 months, ch	ieck reason: Initia	l return	Final return	

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tenta nonrefundable credits. See instructions	ative tax, less any 3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refutax payments made. Include any prior year overpayment allowed as a credit	ndable credits and estimated t	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this EFTPS (Electronic Federal Tax Payment System). See instructions	form, if required, by using	\$ 0.

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

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

Form 8868 (Rev. 1-2022)