| For | m 99(| 0 | 1 | | | | | | | | | | | OMB No. 1545-0047 |
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| 1 01 | | - | | | | | | | From Inc | | | | | 2021 |
| | | | | | | | | | e Code (except | - | | ions) | | Open to Public |
| Dep Inte | artment of t rnal Revenu | the Treasury ue Service | • | Go to w | w.irs.go | /Form9 | 90 for instr | uctions and | as it may be ma I the latest in | ide pu iform | nation. | | | Inspection |
| Α | For the | 2021 calenda | | x year beg | jinning | 8/0 |)1 | , 202 | 1, and endin | ıg | 7/31 | | | , 20 2022 |
| В | Check if a | | | | | | | | | | D | | | ification number |
| | Addre | | AM HIGH | | | | | | | | _ | 68-0 | | |
| | | м | 00 MILLE IILL VALI | | | 11 | | | | | E | Telepho | | |
| | | rietuini | | | 1)4)4 | Τ⊥ | | | | | | 415- | -380 | -3565 |
| | | eturn/terminated | | | | | | | | | | _ | | ¢ 004.10C |
| | | nded return | Nome and add | drago of pring | inal officar | | | | | H(2) | Is this a gro | Gross re | | |
| | Appli | cation pending | Name and add | | ipai onicer • | SUS | AN BOYI | LΕ | | • • • | - | | | |
| 1 | Тах-ехе | | AME AS C X 501(c)(3) | 501(c) | |)◀ (ir | isert no.) | 4947(a)(1) | or 527 | | Are all subo If "No," atta | ich a list. | See ins | structions. |
| <u>-</u> | Webs | | .TAMHIGH | | | <i>,</i> , | 13611 110.) | 4347 (a)(1) | 01 327 | | Group exen | ntion nu | mber 🕨 | • |
| ĸ | | | Corporation | Trust | | iation | Other ► | | L Year of formati | • • • | | · · | | egal domicile: CA |
| | | Summary | corporation | Huot | , 10000 | lation | outor | | | | 1990 | | | |
| | 1 B | riefly describe | the organization | ation's mis | ssion or | most s | significant a | activities: | SEE SCHEI | ו.דוזכ | ΞO | | | |
| a | | | | | | | | | | | | | | |
| UC C | | | | | | | | | | | | | | |
| sura | | | | | | : | | | | | | | | |
| Activities & Governance | 2 CI | heck this box | | | | | | | sposed of mo | | | | | |
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| | | et unrelated b | | | | | | | | | | | 7b | 0. |
| | | | | | | | | | | | Prior | Year | | Current Year |
| ø | 8 C | ontributions a | nd grants (P | art VIII, lii | ne 1h) | | | | | | 8 | 50,1 | 34. | 874,996. |
| 'nu | | rogram servic | | | ÷. | | | | | | | | | |
| Revenue | | ivestment inco | | | | | | | | | | 69,8 | 90. | 16,119. |
| ш | | ther revenue (otal revenue - | | | | | | | | | | 00 0 | 24 | 001 115 |
| | | rants and sim | | | - | | | | | | | 20,0 | | 891,115. |
| | | | | | | | - | - | | | 4 | 16,7 | 58. | 878,728. |
| | | enefits paid to alaries, other | | | | | | | | | | A A 1 | 22 | 40.000 |
| es | | | | | | | | | | · | | 44,1 | 33. | 48,200. |
| Expense | 16a P | rofessional fu | | | | | | | | · 🗕 | | | | |
| Ň | b lo | otal fundraisin | | - | | | · | | 37,161. | | | | | |
| | 17 0 | ther expenses | - | | | | - | | | · | | 58,8 | | 201,109. |
| | | otal expenses | | - | • | | | | | | | 19,7 | | 1,128,037. |
| | | evenue less e | xpenses. Su | ibtract line | e 18 fron | n line 1 | 2 | | | | | 00,2 | | -236,922. |
| no er | 00 T | atal assata (D | art V line 10 | -\ | | | | | | | ginning of | | | End of Year |
| Baet | 20 To 21 To | otal assets (Pa otal liabilities | | | | | | | | | | 72,5 | | 2,235,843. |
| Net Assets or Fund Balances | | | - | | | | | | | _ | | 65,0 | | 950,944. |
| _ | | et assets or fu | | s. Subtract | t line 21 | from I | ine 20 | | | • | 1,6 | 07,4 | 33. | 1,284,899. |
| | art II | Signature | | | | | | | | | | | | |
| Und com | er penalties plete. Decla | s of perjury, I decla aration of preparer | are that I have ex (other than offic | cer) is based | eturn, incli on all infor | uding acc mation of | companying sc f which prepare | hedules and sta er has any kno | vledge. | the be | st of my kn | owledge | and beli | ief, it is true, correct, and |
| | | | | | | | | | | | | | | |
| Si | n | Signature | of officer | | | | | | | | Date | | | |
| He | ere | > SALLY | C LOW | | | | | | | ΤI | REASUE | RER | | |
| | | | int name and title | e | | | | | | 11 | | | | |
| | | Print/Type prep | oarer's name | | Prepa | irer's sigr | nature | | Date | | Che | eck X | if | PTIN |
| Pa | id | MARK MU | MM | | MAF | RK MU | MM | | | | | -employe | | P01765746 |
| | eparer | Firm's name | ► MARK | MUMM, | CPA | | | | 1 | | | | | |
| Us | e Only | Firm's address | | | | | | | | | Firm | n's EIN 🕨 | 47 | -4242498 |

 May the IRS discuss this return with the preparer shown above? See instructions
 TEEA0101

 BAA For Paperwork Reduction Act Notice, see the separate instructions.
 TEEA0101

SEBASTOPOL, CA 95472

Phone no.

Form 990 (2021)

No

415-453-3341

X Yes

| Form | n 990 (2021) 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 | | | |
| | SEE_SCHEDULE_O | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the price | r | |
| | Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program ser | vices? Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program servic Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation: and revenue, if any, for each program service reported. | s to others, the total exp | penses. penses, |
| | | | |
| 4 a | a (Code:) (Expenses \$ 910,721. including grants of \$ 883,528.) (R | evenue \$ |) |
| | FOR THE SUPPORT OF EDUCATIONAL PROGRAMS AND SERVICES FOR APPROXIM | | |
| | | AMPLES OF ITEMS | |
| | 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 | | דאא |
| | & WORKPLACE LEARNING. FIELD TRIPS FOR EXPERIENTIAL LEARNING & TUT | | |
| | STUDENTS NEEDING ACADEMIC SUPPORT. | | |
| | | | |
| | | | |
| | | | |
| 4 k | b (Code:) (Expenses \$ 75,191. including grants of \$) (Reference) | evenue \$ |) |
| | CONSERVATORY THEATRE ENSEMBLE (CTE) SUPPORTS 300 STUDENTS PARTICI | | HIGH |
| | DRAMA CLASSES. THE MAJORITY OF FUNDS ARE USED FOR GUEST ARTIST WC | | |
| | PROFESSIONAL THEATRE ARTISTS LEAD WORKSHOPS IN SPECIALIZED THEATRE | | |
| | INCLUDE DESIGN, DIRECTING, DANCE, PLAYWRITING, ACTING, AND VOICE. ALSO COVER EXPENSES FOR SETS, COSTUMES, PROPS, SCRIPTS, ROYALTIES | | |
| | FIELD TRIPS, AND LIGHTING EXPENSES. | TROM FOBLISHE | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 40 | | evenue \$ |) |
| | TAM HIGH UNITED MUSIC BOOSTERS (THUMB) SUPPORTS 150 STUDENTS PART | | <u>AM</u> |
| | HIGH MUSIC CLASSES. THE MAJORITY OF THE FUND-RAISED DOLLARS PAY REPAIRS AND REPLACEMENTS, SHEET MUSIC, FIELD TRIPS AND MUSIC FEST | | <u> </u> |
| | WITH PROFESSIONAL MUSICIANS, AND SCHOLARSHIPS TO STUDENTS FOR PRI | | |
| | | VAIL INSTRUCTIO | <u></u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 | d Other program services (Describe on Schedule O.) SEE SCHEDULE O | | |
| | (Expenses \$ 17,989. including grants of \$) (Revenue \$ |) | |
| 4 e | e Total program service expenses ► 1,040,185. | , | |
| BAA | | Form | 990 (2021) |

Form 990 (2021) TAM HIGH FOUNDATION

H

| Pa | rt IV | Checklist of Required Schedules | | | |
|-----|---------------------------------|--|------|-----|----|
| 1 | ls the | e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete | | Yes | No |
| • | | dule A. | 1 | Х | |
| 2 | | e organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | for pu | e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section in effort | on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the asses | e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> | 5 | | Х |
| 6 | to pro | e organization maintain any donor advised funds or any similar funds or accounts for which donors have the right wide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D,</i> | 6 | | Х |
| 7 | Did th enviro | e organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did th comp | ne organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,'</i> | 8 | | Х |
| 9 | for an | e organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did th or in | ne organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? If 'Yes,' complete Schedule D, Part V. | 10 | Х | |
| 11 | If the or X, | organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, as applicable. | | | |
| i | Did th <i>D, Pa</i> | e organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule</i> | 11 a | | Х |
| I | b Did th asset | e organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| (| c Did th asset | e organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| (| d Did th in Pa | e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported rt X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | | Х |
| | | ne organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| | the or | e organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| | Sche | e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII | 12a | | Х |
| I | b Was t <i>if the</i> | he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the | e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 | a Did th | ne organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| I | husine | e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments valued 00,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did th foreig | ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any on organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | 15 | | Х |
| | | e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did th colum | e organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did th lines | e organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 19 | | e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Ilete Schedule G, Part III. | 19 | | Х |
| 20a | Did th | ne organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| ł | If 'Ye | s' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did th dome | ne organization report more than \$5,000 of grants or other assistance to any domestic organization or estic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |

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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 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... 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 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... Х 25a **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 Х **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 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 I..... 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 **35 a** 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 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 a 6 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable..... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c

Form 990 (2021) TAM HIGH FOUNDATION

BAA

68-0385326

| Form | 990 (2021) TAM HIGH FOUNDATION 68-0385 | 5326 | F | Page 5 |
|------|--|------------|-----|--------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a | 1 | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► | 4a | | X |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | Х |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may 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 goods and services provided to the payor? | | | Х |
| | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | 7b | | |
| С | Form 8282? | 7c | | Х |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7е | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | 0 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | _ | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 12.0 | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | _ | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | 1 | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | | Х |
| | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |

| Par | t VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan | elow, ges d | and on | for |
|------|---|----------------|--------------|----------|
| | Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. | | | . X |
| Sec | tion A. Governing Body and Management | | | . 21 |
| | | | Yes | No |
| 1 a | a Enter the number of voting members of the governing body at the end of the tax year.1 a28If 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.1 a28 | | | |
| t | Enter the number of voting members included on line 1a, above, who are independent 1b 27 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 4 5 | | X |
| 6 | Did the organization become dware daming the year of a significant diversion of the organization subsets | 6 | | X |
| 7 a | 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? | 7 a | | x |
| k | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O | | | |
| | The governing body? | 8 a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8 b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i> | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | eveni | | ode.) |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10 a | | Х |
| | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | | |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | | Х |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | | |
| | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | X X | |
| C | bid the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE . Q | 12 c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | <u> </u> |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| Ł | 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. | | | |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | X |
| Ł | 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? | 16 b | | |
| Sec | tion C. Disclosure | | | <u></u> |
| | 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. | | | |
| | 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 availa 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 ► | | | |
| BAA | SUE HOLZER 700 MILLER AVE. MILL VALLEY CA 94941 415-380-3565 TEEA0106L 09/22/21 | Form | 990 (| (2021) |

| Form 990 (2021) TAM HIGH FOUNDATION | 68-0385326 | Page 7 |
|--|----------------------------------|---------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors | st Compensated Employe | 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 Compens | ated Employees | |
| 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endin organization's tax year. | ng with or within the | |
| • List all of the organization's current officers, directors, trustees (whether individuals or organization) | ations), regardless of amount of | |

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 | 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 | | | | 43,419. | 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) | | 2 | | | | | | | | | |
| | SECRETARY | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (5) | | 5 | | | | | | | | | |
| | TREASURER | 0 | Х | | Х | | | | 0. | 0. | 0. |
| <u>(6)</u> | IONA SCOBIE | 1 | | | | | | | | | |
| | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| _(7)_ | RACHEL HOWARD HINES | 1 | | | | | | | _ | | |
| | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| <u>(8)</u> | LISA_PREGER | 1 | | | | | | | _ | | _ |
| | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| <u>(9)</u> | MIRIAM BURKE | 1 | | | | | | | | | |
| (1.0) | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (10) | STEPHANIE CUCCARO-ALAMIN | | | | | | | | 0 | 0 | 0 |
| (11) | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| <u>(II)</u> | ASHLEY STERNFELS | 1 | 37 | | | | | | 0 | 0 | 0 |
| (10) | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (12) | TUYEN BONNEAU | | 37 | | | | | | 0 | 0 | 0 |
| (1.2) | DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (13) | JENNY TERRY | 1 | v | | | | | | 0 | 0 | 0 |
| (1.1) | DIRECTOR LOUISE ARMOUR | 0 | Х | \vdash | | | | | 0. | 0. | 0. |
| (14) | DIRECTOR | $-\frac{1}{0}$ | Х | | | | | | 0. | 0. | 0 |
| BAA | DIVECION | v | | 00/00 | 101 | | | | υ. | υ. | 0 . Form 990 (2021) |
| DAA | | TEEA0 | 10/L | 09/22 | 21 | | | | | | FUIII 330 (2021) |

68-0385326

| Ра | rt VII Section A. Officers, Directors, Tru | istees, l | Key | Em | nplo | bye | es, | and | d Highest Com | pensated Emp | loyees | (continued) |
|------|---|---|-----------------------------------|-----------------------|-----------------------|--------------------|---------------------------------|--------------|---|---|-------------------------|--|
| | | (B) | | | (0 |) | | | | | | |
| | (A) Name and title | Average hours per week | box | , unle | ss pe | erson | e than is botl or/trus | h an tee) | (D) Reportable compensation from | (E) Reportable compensation from | | (F) ated amount f other |
| | | (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) | relatéd organizations (W-2/1099- MISC/1099-NEC) | comper the or and | sation from ganization I related inizations |
| (15) | LISA BARNES | 1 | х | | | | | | 0. | 0. | | 0. |
| (16) | CATHY MARHEFKA-SOMMERVILLE | $-\frac{1}{0}$ | x | | | | | | 0. | 0. | | 0. |
| (17) | JACK BAILEY DIRECTOR | $\frac{1}{0}$ | X | | | | | | 0. | 0. | | 0. |
| (18) | LISA BOUGIE DIRECTOR | $-\frac{1}{0}$ | X | | | | | | 0. | 0. | | 0. |
| (19) | MILLY_SKILES | 1 | | | | | | | | | | |
| (20) | DIRECTOR LAURA_SPENCE | 0 | X | | | | | | 0. | 0. | | 0. |
| (21) | DIRECTOR TOM_COATES | 0 | X | | | | | | 0. | 0. | | 0. |
| (22) | DIRECTOR KENDRA POLLACK | 0 | X | | | | | | 0. | 0. | | 0. |
| (23) | DIRECTOR BECKY COVER | 0 | X | | | | | | 0. | 0. | | 0. |
| (24) | DIRECTOR DUNCAN KING | 0 | X | | | | | | 0. | 0. | | 0. |
| (25) | DIRECTOR LORENA ESPINO | 0 | X | | | | | | 0. | 0. | | 0. |
| 11 | DIRECTOR Subtotal | 0 | X | | | | | • | 0. 43,419. | 0. | | 0. |
| | Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c). | | | | | | | ► ► | 0. 43,419. | 0. | | 0. |
| 2 | Total number of individuals (including but not limited from the organization \blacktriangleright 0 | to those I | isted | abov | ve) v | who | recei | ved | | | pensatior | |
| 3 | Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc | | | | | | | | | | 3 | Yes No |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportab r than \$1 | le co 50,00 | mpe 00? | ensa <i>lf '</i> } | tion <i>es,</i> | and ' <i>cor</i> r | oth Iple | er compensation te Schedule J for | from | . 4 | X |
| 5 | Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes | e compen ,' <i>comple</i> | isatio te So | on fro chea | om Iule | any <i>J fo</i> | unre r suc | late ch 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 | sation for | epen the c | dent alen | t cor dar | ntrao year | ctors endi | tha ng v | t received more the treceived more the treceived more the tree to | nan \$100,000 of ganization's tax year | | |
| | (A) Name and business addr | ress | | | | | | | (B) Description o | of services | (C Compe | ;) nsation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including b \$100,000 of compensation from the organization | | ited to | o thc | se l | isteo | d abo | ve) | who received more | than | | |
| | | U | | | | | | | | | | |

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service

Name of the Organization

TAM HIGH FOUNDATION

68-0385326

| (A) | (B) | b b | ox. unl | ess per | son is | k more tha both an o | an one fficer | (D) | (E) | (F) |
|-----------------------------|--|-----------------------------------|---------|---------|----------------------|------------------------------|------------------|---|--|--|
| Name and title | Average hours per week (list any hours for related organiza- tions below dotted line) | Individual truster or director | nd a di | Officer | truster Key employee | Highest compensated employee | | Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC) | Estimated amount of other compensation from the organization and related organizations |
| PHIL ROSSINGTON DIRECTOR | $-\frac{1}{0}$ | Х | | | | | | 0. | 0. | 0. |
| TODD MOUTAFIAN | $-\frac{1}{0}$ | Х | | | | | | 0. | 0. | 0. |
| LENE PEDERSON DIRECTOR | <u>1</u> | X | | | | | | 0. | 0. | 0. |
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2021

Employler Identification number

Form 990 (2021) TAM HIGH FOUNDATION Part VIII Statement of Revenue

68-0385326

| | | II Statement of Check if Schedul | | | a respo | onse or note to any | line in this Part VI | 11 | | |
|---------------------------|--|--|--------|-------------|------------------------|---------------------------------------|-----------------------------|---|---|---|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from ta under sections 512-514 |
| ß, | 1 a | Federated campaig | ins . | | 1a | | | | | |
| uno | b | Membership dues. | | | 1 b | | | | | |
| Amy | С | Fundraising events | | | 1 c | | | | | |
| ar | d | Related organization | ons. | | 1 d | | | | | |
| Ē | | Government grants (cont | | | 1 e | | | | | |
| and Other Similar Amounts | | All other contributions, g similar amounts not incl | uded | above | 1f | 874,996. | | | | |
| 0 pue | g Noncash contributions included in lines 1a-1f | | | | 1 g | 32,991. | 074 006 | | | |
| | n | TOTAL AUD ILLES TA | -11. | | | Business Code | 874,996. | | | |
| | 2 a | | | | | Business oode | | | | |
| | b b | | | · | | | | | | |
| 5 | c | | | | | | | | | |
| | d | | | | | | | | | |
| Š | e | | | | | | | | | |
| Ū. | f | All other program s | ervi | ce revenu | | | | | | |
| 5 | | Total. Add lines 2a | | | | • | | | | |
| - | 3 | Investment income (| | | | | | | | |
| | 5 | other similar amou | nts) | | | ► | 16,340. | | | 16,340 |
| 4 | 4 | Income from invest | tmer | nt of tax-e | exempt | bond proceeds 🕨 | · | | | |
| 1 | 5 | Royalties | | | | | | | | |
| | | | | (i) R | eal | (ii) Personal | | | | |
| (| 6 a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | | |
| | d | d Net rental income or (loss)► | | | | | | | | |
| - | 7 a | a Gross amount from (i) Securities (ii) Other | | | | (ii) Other | | | | |
| | | sales of assets | 7a | 22 | ,770. | | | | | |
| | b | other than inventory Less: cost or other basis | | 52 | , //0. | | | | | |
| | | and sales expenses | 7b | JL | <u>,991.</u> | | | | | |
| | С | : Gain or (loss) | 7c | | -221. | | | | | |
| | d | Net gain or (loss). | | | · · · · <u>· · · ·</u> | · · · · · · · · · · · · · · · · · · · | -221. | | | -22 |
| 2 8 | 8 a | Gross income from fund | raisin | ng events | | | | | | |
| | | (not including \$ | | | | | | | | |
| 5 | | of contributions reported | | | | | | | | |
| | | See Part IV, line 18 | | | 8a | | | | | |
| 2 | | Less: direct expens | | | 8b | | | | | |
| | | Net income or (loss | | | using ev | vents | | | | |
| 9 | 9 a | Gross income from gami See Part IV, line 19 | ing ac | ctivities. | 9a | | | | | |
| | 4 | Less: direct expense | | | 9a 9b | | | | | |
| | | Net income or (los | | | | | | | | |
| | | - | | • | | | | | | |
| n i | υa | Gross sales of inventory, returns and allowances. | , less | | 10a | | | | | |
| | h | Less: cost of goods | | | 10b | | | | | |
| | | Net income or (loss | | | | | | | | |
| - | | | -, | | | Business Code | | | | |
| 1 | 1a | 1 | | | | | | | | |
| ž | h | , | | | | | | | | |
| ē | 6 | | | | | | | | | |
| | | | | · – – – – | | | | | | |
| Re | d | All other revenue. | | | | | | | | |
| Revenue | | Total. Add lines 11 | | | ···· L | ▶ | | | | |

 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).

| 000 | tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r | | | | |
|-----|---|-----------------------|------------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 869,597. | 869,597. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 9,131. | 9,131. | | |
| 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 | 44,548. | 5,675. | 16,759. | 22,114. |
| 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 | 3,652. | 465. | 1,374. | 1,813. |
| | Fees for services (nonemployees): | | | | |
| | a Management | | | | |
| | Legal | | | | |
| | c Accounting | 1,775. | | 1,775. | |
| | Lobbying | | | | |
| | e Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| ç | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) | 26,754. | | 26,754. | |
| 12 | Advertising and promotion. | 2,930. | | 20,7011 | 2,930. |
| 13 | Office expenses | 1,266. | | 127. | 1,139. |
| 14 | Information technology | 1/2001 | | 127. | 1/100. |
| 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 | | 2,976. | | 2,976. | |
| 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.) | | | | |
| ä | CTE_PROGRAM PRODUCTION EXPENSE | 75,191. | 75,191. | | |
| I | • THUMB PROGRAM EXPENSES | 36,284. | 36,284. | | |
| (| BRICK_CAMPAIGN | 21,053. | 21,053. | | |
| (| PATH PROGRAM EXPENSES | 17,989. | 17,989. | | |
| | All other expenses. | 14,891. | 4,800. | 926. | 9,165. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,128,037. | 1,040,185. | 50,691. | 37,161. |
| 26 | | | | | <u> </u> |
| R۵۵ | | | | | Form 990 (2021) |

Form 990 (2021) TAM HIGH FOUNDATION

Page 11

Part X Balance Sheet

| | | (A) | | (B) End of year |
|--|---|-------------------|------|---------------------------|
| | | Beginning of year | | |
| 1 | Cash – non-interest-bearing. | 1,296,729. | 1 | 1,322,071 |
| 2 | Savings and temporary cash investments. | 152,040. | 2 | 159,900 |
| 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 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 8 9 | Prepaid expenses and deferred charges | | 9 | |
| 10 a | a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| 1 | b Less: accumulated depreciation 10b | | 10 c | |
| 11 | | 823,754. | 11 | 753,872 |
| 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments – program-related. See Part IV, line 11 | | 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) | 2,272,523. | 16 | 2,235,843 |
| 17 | Accounts payable and accrued expenses | 2,554. | 17 | 2,206 |
| 18 | Grants payable | 618,459. | 18 | 927,929 |
| 19 | Deferred revenue | 44,077. | 19 | 20,809 |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 21 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 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 665,090. | 26 | 950,944 |
| | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 1,607,433. | 27 | 1,284,899 |
| 28 | Net assets with donor restrictions | | 28 | |
| 27 28 29 30 31 32 33 | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund. | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances. | 1,607,433. | 32 | 1,284,899 |
| | | ±,007,400. | | 2,235,843 |

| Form | 990 (2021) TAM HIGH FOUNDATION 68-0 |)385326 | | 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 | 89 | 1,115. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,12 | 8,037. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -23 | 6,922. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,60 | 7,433. |
| 5 | Net unrealized gains (losses) on investments. | 5 | -8 | 5,612. |
| 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 | 1,28 | 4,899. |
| Par | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | ` | Yes No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2 a | 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 reviewed separate basis, consolidated basis, or both: | d on a | | |
| L | Were the organization's financial statements audited by an independent accountant? | | 2 b | х |
| L | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat | | 20 | X |
| | basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | Х |
| Ł | 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 09/22/21 | | Form | 990 (2021) |

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. ► A#+ ch to Ec . 000 000 E7

2021

OMB No. 1545-0047

| Denart | | | | | | | Open to Public | |
|--------------------------|--|--|--|--|------------------------------|---|--|---|
| Internal Revenue Service | | | | | | • | | |
| | of the organization | | | | | | Employer identific | |
| | TAM HIGH FOUNDATION 68-0385326 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruct | | | | | | | |
| Par | | | | | | | | ctions. |
| | Š | | · · | For lines 1 through 12, | | , | , | |
| 1 2 | | | | hurches described in sec | | (D)(T)(A) | (1). | |
| | | | | tach Schedule E (Form | | 0/6//1// | A \ /:!!\ | |
| 3 4 | | • | | ization described in sec unction with a hospital (| | | | ntor the bosnital's |
| - | name, city, a | - | | | | | | |
| 5 | | | r the benefit of a colle omplete Part II.) | ege or university owned | or oper | ated by | a governmental unit de | escribed in |
| 6 | | ate, or local gov | ernment or governme | ental unit described in s | ection 1 | 1 70(b)(1 |)(A)(v). | |
| 7 | X An organization in section 17 | on that normally i 0(b)(1)(A)(vi). (| receives a substantial p Complete Part II.) | part of its support from a | governm | iental un | it or from the general pu | blic described |
| 8 | A community | trust described | l in section 170(b)(1)(| A)(vi). (Complete Part I | l.) | | | |
| 9 | An agricultura | I research organi | ization described in sec | ction 170(b)(1)(A)(ix) oper | ated in c | onjuncti | on with a land-grant colle | ege |
| | - | r a non-land-gra | nt college of agriculture | e (see instructions). Enter | r the nan | ne, city, | and state of the college | or |
| | university: | | | | | | | |
| 10 | from activitie investment ir | s related to its e acome and unre | exempt functions, sub | han 33-1/3% of its supp bject to certain exceptio e income (less section Part III.) | ns; and | (2) no i | more than 33-1/3% of i | ts support from gross |
| 11 | An organizat | ion organized a | nd operated exclusive | ely to test for public safe | ety. See | section | n 509(a)(4). | |
| 12 | or more publ | icly supported o | rganizations describe | ely for the benefit of, to ed in section 509(a)(1) of upporting organization | or sectio | on 509(a |)(2). See section 509(a | ut the purposes of one)(3). Check the box on |
| а | organization(s | oorting organizati) the power to re rt IV, Sections A | qularly appoint or elect | d, or controlled by its sup t a majority of the directo | ported or true | organizat stees of | ion(s), typically by giving the supporting organizati |) the supported on. You must |
| b | management | pporting organiz of the supporting e te Part IV, Sect | organization vested in | controlled in connection the same persons that c | with its ontrol or | suppor manage | ted organization(s), by the supported organizat | having control or ion(s). You |
| С | Type III function | onally integrated s) (see instruction | . A supporting organizations). You must com | tion operated in connectio plete Part IV, Sections | n with, a A, D, an | nd functi d E. | onally integrated with, its | supported |
| d | functionally in | ntegrated. The o | organization generally | panization operated in cor must satisfy a distribu Is A and D, and Part V. | nnection tion req | with its uiremer | supported organization(s it and an attentiveness |) that is not requirement (see |
| е | Check this bo | ox if the organiz r Type III non-fu | ation received a writt | en determination from f supporting organizatior | the IRS | that it is | s а Туре I, Туре II, Тур | e III functionally |
| | | | organizations | | | | | |
| | | - | n about the supported | d organization(s). | • | | | t |
| | (i) Name of supported of | organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organizat in your c | ls the tion listed governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | 1 | |
| | | | | | | | | |
| (A) | | | | | | | | |
| <u>(</u> B) | B) | | | | | | | |
| (C) | | | | | | | | |
| <u>(D)</u> | | | | | | | | |
| (E) | | | | | | | | |

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 Air ablic Support | | | | | | |
|------|---|--|--|----------------------------------|---------------------|---------------------|----------------------|
| begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 945,120. | 976,282. | 917,171. | 850,134. | 874,996. | 4,563,703. |
| | 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 | 945,120. | 976,282. | 917,171. | 850,134. | 874,996. | 4,563,703. |
| 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) | | | | | | 12,018. |
| | Public support. Subtract line 5 from line 4 | | | | | | 4,551,685. |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 945,120. | 976,282. | 917,171. | 850,134. | 874,996. | 4,563,703. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 13,544. | 14,945. | 19,438. | 21,152. | 16,340. | 85,419. |
| 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. |
| | Total support. Add lines 7 through 10 | | | | | | 4,649,122. |
| 12 | Gross receipts from related activ | ities, 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 | • | | | | | 97.90% |
| 15 | Public support percentage from a | 2020 Schedule A, | Part II, line 14 | | | 15 | 97.41% |
| 16a | 33-1/3% support test-2021. 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 ·····► X |
| b | 33-1/3% support test–2020. If the and stop here. The organization | e organization did qualifies as a put | l not check a box blicly supported or | on line 13 or 16a rganization | i, and line 15 is 3 | 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-ar | nd-circumstances | test, check this b | box and stop here | . Éxplain in Part ' | VI how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-ar | nd-circumstances | test, check this b | box and stop here | . Explain in Part | 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 | is box and see ins | structions 🕨 🗌 |

Schedule A (Form 990) 2021

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 | | | | | | |
|--------|---|-------------------------|--|--------------------|---------------------|--|----------------|
| Calend | lar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| 5 | 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 | | | | | | |
| Ũ | facilities furnished by a | | | | | | |
| | governmental unit to the | | | | | | |
| ~ | organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| /a | Amounts included on lines 1, 2, and 3 received from | | | | | | |
| | disqualified persons. | | | | | | |
| b | Amounts included on lines 2 | | | | | | |
| - | and 3 received from other than | | | | | | |
| | disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | | |
| | for the year. | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line | | | | | | |
| | 7c from linė 6.). | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable | | | | | | |
| - | income (less section 511 | | | | | | |
| | taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include | | | | | | |
| | gain or loss from the sale of capital assets (Explain in | | | | | | |
| | Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, | | | | | | |
| 14 | 10c, 11, and 12) First 5 years. If the Form 990 is | for the evenesimeti | anta firat accord | المناطع المناطع | | $\mathbf{E} = \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E}$ | |
| 14 | organization, check this box and | | | | | | ▶ |
| Sec | tion C. Computation of Pul | blic Support F | ercentage | | | | <u> </u> |
| 15 | Public support percentage for 20 | 21 (line 8, colum | n (f), divided by li | ne 13, column (f |)) | | 0/0 |
| | Public support percentage from 2 | - | | | • | | 00 |
| - | tion D. Computation of Inv | | | | | | • |
| 17 | Investment income percentage f | | 5 | | umn (fl) | | 0/0 |
| 18 | Investment income percentage f | - | | - | | | |
| | , , | | | | | | |
| 198 | 33-1/3% support tests-2021. If t is not more than 33-1/3%, check | this box and sto | na not check the l b here. The ordar | nization qualifies | as a publicity supr | uiaii 53-1/3%, and orted organization | a line 17 ► |
| b | 33-1/3% support tests–2020. If t | | | | | | |
| | line 18 is not more than 33-1/3% | | | | | | |
| 20 | Private foundation. If the organiz | zation did not che | eck a box on line | 14, 19a, or 19b, o | check this box and | see instructions. | ► 🗖 |
| | | | | | | | |

68-0385326

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 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 Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

| Part IV | Supporting Organizations (continued) | | | |
|---|---|-----|-----|----|
| | | | Yes | No |
| 11 Has t | he organization accepted a gift or contribution from any of the following persons? | | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, | | | | |
| the g | the governing body of a supported organization? | | | |
| b A fan | b A family member of a person described on line 11a above? | | | |
| c A 35% | 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) 2021

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

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

 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).
 I

Section D. All Type III Supporting Organizations

| | | | Yes | No | |
|---|---|---|-----|----|--|
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how | | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | | | |
| | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | | |
| | in this regard. | 3 | | | |

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

No

Part V

A (Form 990) 2021 TAM HIGH FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| F |)a | n | ۵ | 6 |
|---|----|---|----|---|
| | 1 | u | н. | 0 |

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | (optional) |
| 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 gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| 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 | | |
| 7 Check here if the current year is the ergenization's first as a pen functionally inte | aratad | | |

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) 2021

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Su | Innorting Organiza | | $\frac{-038}{2}$ | 5526 Faye |
|-----|--|--------------------------------|-------------------------------------|------------------|---|
| | tion D – Distributions | | | <i>u)</i> | 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 | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | 3 | |
| | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide | details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | · | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization in Part VI). See instructions. | on is responsive (provide | e details | 8 | |
| | Distributable amount for 2021 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) Underdistributi Pre-2021 | ons | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| | From 2016 | | | | |
| | P From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| • | Prom 2020 | | | | |
| 1 | f Total of lines 3a through 3e | | | | |
| ç | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| | Carryover from 2016 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| | Distributions for 2021 from Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2017 | | | | |
| k | Excess from 2018 | | | | |
| c | Excess from 2019 | | | | |
| c | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |

BAA

Schedule A (Form 990) 2021

| Schedule A (Form 990) 202 | TAM HIGH FOUNDATION | 68-0385326 | Page 8 |
|--|---|--|--------|
| III, fine 1 B, lines 1 3a, and 3 | Emental Information. Provide the explanations required by Part I 2; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Pa 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 5, and 6. Also complete this part for any additional information. (See in | 1b, and 11c; Part IV, Section rt IV, Section E, lines 1c, 2a, 2b, 6, and 8; and Part V, Section E, | |

| Department of the Treasury Internal Revenue Service | ► Comp | lete if the organization is described belo ► Go to www.irs.gov/Form990 for instruc | w. ► Attach to Form tions and the latest i | 990 or Form 990-EZ. nformation. | Open to Public Inspection |
|--|--------------------------------|---|--|--|---|
| Section 501(c)(3) c | organizations her than sect | n Form 990, Part IV, line 3, or Form 990-EZ, I s: Complete Parts I-A and B. Do not comp ion 501(c)(3)) organizations: Complete Part nplete Part I-A only. | lete Part I-C. | | |
| Section 501(c)(3) or | ganizations tl | n Form 990, Part IV, line 4, or Form 990-EZ, I nat have filed Form 5768 (election under sect s that have NOT filed Form 5768 (election | ion 501(h)): Complete | Part II-A. Do not complete | |
| If the organization ans (Proxy Tax) (See sepa • Section 501(c)(4), | rate instruct | ' on Form 990, Part IV, line 5 (Proxy Tax) ions), then rganizations: Complete Part III. | (See separate instru | ctions) or Form 990-EZ, | Part V, line 35c |
| Name of organization | | | | Employer identifica | |
| TAM HIGH FOUND | | ganization is exempt under section | on $501(c)$ or is a | 68-038532 section 527 organiz | |
| 1 Provide a descrip | otion of the o | organization's direct and indirect political on of 'political campaign activities.' | | | |
| | | penditures. See instructions. | | ►\$ | |
| | | campaign activities. See instructions | | | |
| - | | ganization is exempt under section | | | |
| | | se tax incurred by the organization under | | | |
| | | ise tax incurred by organization managers | | | |
| | | section 4955 tax, did it file Form 4720 for | | | |
| 4 a Was a correction b If 'Yes,' describe | | | | | Yes No |
| Part I-C Complet | te if the or | ganization is exempt under section | on 501(c) , excep | t section 501(c)(3). | |
| 1 Enter the amoun | t directly exp | pended by the filing organization for section | on 527 exempt function | on activities 🏲 \$ | |
| | | g organization's funds contributed to other s | | | |
| 3 Total exempt fun line 17b | ction expend | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | ►\$ | |
| 4 Did the filing orga | anization file | Form 1120-POL for this year? | | | Yes No |
| organization mac amount of political | de payments I contribution: | and employer identification number (EIN) . For each organization listed, enter the a s received that were promptly and directly de l action committee (PAC). If additional spa | mount paid from the livered to a separate p | filing organization's func olitical organization, such | ds. Also enter the 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 Re | duction Act | Notice, see the Instructions for Form 990 or | 990-EZ. | Sched | lule C (Form 990) 2021 |

Political Campaign and Lobbying Activities

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

SCHEDULE C (Form 990)

OMB No. 1545-0047

2021

TEEA3201L 11/03/21

| Schedule C (Form 990) 2021 TAM HIGH F | OUNDATION | 68-03853 | 326 Page 2 |
|---|--|--------------------------------------|-----------------------------|
| Part II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (ele | ction under |
| A Check ► if the filing organization belo | ngs to an affiliated group (and list in Part IV each affilia | ted group member's name, | |
| | nd share of excess lobbying expenditures). | 0 | |
| B Check ► if the filing organization ch | ecked box A and 'limited control' provisions apply. | | |
| Limits on Lobb (The term 'expenditures' mo | oying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditures to influence p | bublic opinion (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a | legislative body (direct lobbying) | 999. | |
| c Total lobbying expenditures (add lines 1a | and 1b) | 999. | 0. |
| d Other exempt purpose expenditures | | 1,039,186. | |
| e Total exempt purpose expenditures (add | lines 1c and 1d) | 1,040,185. | 0. |
| | | 179,019. | |
| 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. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| 5 | 6 of line 1f) | 44,755. | 0. |
| - | ss, enter -0 | 0. | 0. |
| i Subtract line 1f from line 1c. If zero or les | ss, enter -0 | 0. | 0. |
| | er line 1h or line 1i, did the organization file Form 4720 | | Yes No |
| (Some organizations th columns b | 4-Year Averaging Period Under Section 501(h) nat made a section 501(h) election do not have to c nelow. See the separate instructions for lines 2a thr | omplete all of the five ough 2f.) | |
| Lot | bying Expenditures During 4-Year Averaging Perio | d | |

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2 a Lobbying nontaxable amount | 167,035. | 146,959. | 117,968. | 179,019. | 610,981. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 916,472. |
| c Total lobbying expenditures | 49,999. | 15,000. | 9,000. | 999. | 74,998. |
| d Grassroots nontaxable amount | 41,759. | 36,740. | 29,492. | 44,755. | 152,746. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 229,119. |
| f Grassroots lobbying expenditures | | | | | 0. |
| BAA Schedule C (Form 990) 2021 | | | | | |

| For each Meet measure on times 1. Manuals 1. holess manuals in Dark Meet detailed description | (a) (b) Yes No Amour | | | | |
|--|-------------------------|-------------------|----------------------|-------|----|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | | | | |
| 1 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: | | | | | |
| a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | (5), | or | | | |
| section 501(c)(6). | ••• | | | | |
| | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior | - | | | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Pa answered 'Yes.' | (5), rt II | or se I-A, lii | ction 50 ne 3, is | 01(c) | |
| 1 Dues, assessments and similar amounts from members. | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | . [| 2a | | | |
| b Carryover from last year | . [| 2b | | | |
| c Total | . [| 2c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | • | 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 expenditure next year? | | 4 | | | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | | 5 | | | |
| Part IV Supplemental Information | | | | | |

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.

ADDITIONAL INFORMATION

Schedule C (Form 990) 2021

TAM HIGH FOUNDATION

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

PROVIDED FUNDS TO SUPPORT BOND MEASURE G TO HELP FUND MILL VALLEY SCHOOLS.

68-0385326

Supplemental Financial Statements

OMB No. 1545-0047

| (Fo | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | | | | 02 1 | |
|------------------|---|--|--|--------------------------|--------------------------|----------------------------|---------------------------|--|
| | tment of the Treasury al Revenue Service | | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | |
| | of the organization 1 HIGH FOUND | ATION | | | Employer i | dentification | number | |
| Par | t I Organizat Complete | tions Maintaining Dono if the organization ans | r Advised Funds or Other Similar Funds vered 'Yes' on Form 990, Part IV, line 6. | s or Acc | | | | |
| | - | - | (a) Donor advised funds | | | other acco | ounts | |
| 1 2 3 4 | Aggregate value of cor Aggregate value of gra Aggregate value a | end of year htributions to (during year) ints from (during year) at end of year | | | | | | |
| 5 | are the organizati | ion's property, subject to the | or advisors in writing that the assets held in dono organization's exclusive legal control? | | · · · · · · L | Yes | No | |
| 6 | Did the organizati for charitable pur impermissible pri | ion inform all grantees, dono poses and not for the benefit vate benefit? | rs, and donor advisors in writing that grant funds of the donor or donor advisor, or for any other pu | can be use irpose cor | ed only iferring | Yes | No | |
| Par | | tion Easements. | wered 'Yes' on Form 990, Part IV, line 7. | | | | | |
| 2 | Preservation o Protection of Preservation | f land for public use (for examp natural habitat of open space through 2d if the organization h | er the organization (check all that apply). The organization or education) Preservation Preservation Preservation Preservation | of a certif | ied histori | c structure | 9 | |
| t | Total acreage res Number of conser- Number of conser- structure listed in Number of conserv | tricted by conservation ease rvation easements on a certi rvation easements included in the National Register | nents. ied historic structure included in (a) n (c) acquired after 7/25/06, and not on a historic sferred, released, extinguished, or terminated by the | 2 b 2 c 2 d | n during th | ne | | |
| 4 5 6 | Does the organization and enforcement | of the conservation easement | rvation easement is located ► garding the periodic monitoring, inspection, handling ts it holds? | | | Yes uring the ye | No Par | |
| 7 | Amount of expense ►\$ | es incurred in monitoring, inspe | cting, handling of violations, and enforcing conservati | on easeme | ents during | the year | | |
| 8 | | | n line 2(d) above satisfy the requirements of section | | | Yes | No | |
| 9 | In Part XIII, descrinclude, if application conservation ease | able, the text of the footnote i | orts conservation easements in its revenue and e o the organization's financial statements that des | xpense st cribes the | atement a organizat | nd balance ion's acco | e sheet, an unting for | |
| Par | t III Organizat | tions Maintaining Colle | ctions of Art, Historical Treasures, or O wered 'Yes' on Form 990, Part IV, line 8. | ther Sin | nilar Ass | sets. | | |
| 1 a | historical treasure | es, or other similar assets he | FASB ASC 958, not to report in its revenue state Id for public exhibition, education, or research in f I statements that describes these items. | ement and urtherance | balance s e of public | sheet work service, p | s of art, provide in | |
| Ł | historical treasures following amounts | s, or other similar assets held for s relating to these items: | FASB ASC 958, to report in its revenue statemer or public exhibition, education, or research in furtherar | nce of publ | ic service, | t works of provide the | art, | |
| | | | line 1 | | | | | |
| 2 | If the organization amounts required | received or held works of art, h to be reported under FASB | istorical treasures, or other similar assets for financia ASC 958 relating to these items: | l gain, pro | vide the fol | lowing | | |

| b Assets included in Form 990, Part X | | ►\$ |
|--|--------------------|-------|
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | TEEA3301L 08/30/21 | Sched |

a Revenue included on Form 990, Part VIII, line 1.►\$

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 TAM H | | | | 68-0385 | - |
|---|--|--|---|---------------------------------------|----------------------|
| Part III Organizations Mainta | ining Collection | s of Art, Histori | cal Treasures, or C | Other Similar Asse | ets (continued) |
| 3 Using the organization's acquisition items (check all that apply): | , accession, and other | records, check any | of the following that mak | e significant use of its c | collection |
| a Public exhibition | | d Loan or | exchange program | | |
| b Scholarly research | | e Other | | | |
| c Preservation for future gener | | | | | |
| 4 Provide a description of the organiz Part XIII. | | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | tion solicit or receive an to be maintained | e donations of art, h I as part of the orga | nistorical treasures, or of anization's collection? | other similar assets | Yes No |
| Part IV Escrow and Custodia | | | | | |
| line 9, or reported an | amount on Form | 990, Part X, lir | le 21. | | in 550, i arciv, |
| 1 a Is the organization an agent, trus | tee custodian or ot | per intermediary for | contributions or other | assets not included | |
| on Form 990, Part X? | | | | | Yes No |
| b If 'Yes,' explain the arrangement | in Part XIII and con | plete the following | table: | · · · · · · · · · · · · · · · · · · · | |
| - Designing belonge | | | | | Amount |
| c Beginning balance | | | | | |
| d Additions during the year | | | | | |
| e Distributions during the year | | | | | |
| f Ending balance | | | | . 1f | |
| 2 a Did the organization include an a | | | | | |
| b If 'Yes,' explain the arrangement | In Part XIII. Check I | here if the explanat | ion has been provided | on Part XIII | |
| Part V Endowment Funds. C | omplete if the or | anization answ | vered 'Ves' on Forr | n 990 Part IV/ lin | o 10 |
| Lindownient Funds. | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1 a Beginning of year balance | 823,754. | | | | 528,001. |
| b Contributions | 025,754. | 003,330 | 010,409. | 502,100. | 520,001. |
| - | | | | | |
| c Net investment earnings, gains, and losses | -69,882. | 160,196 | 45,069. | 36,383. | 54,105. |
| d Grants or scholarships | , | , | , | , | , , |
| e Other expenditures for facilities | | | | | |
| and programs | | | | 0. | |
| f Administrative expenses | | | | | |
| g End of year balance | 753,872. | | | | 582,106. |
| 2 Provide the estimated percentage | - | end balance (line | lg, column (a)) held as | : | |
| a Board designated or quasi-endowm | | 0 | | | |
| b Permanent endowment | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | |
| c Term endowment ► | 00 | | | | |
| The percentages on lines 2a, 2b, ar | nd 2c should equal 10 | 0%. | | | |
| 3 a Are there endowment funds not in t | he possession of the | organization that are | held and administered for | or the | |
| organization by: | | | | | Yes No |
| (i) Unrelated organizations | | | | | 3a(i) X |
| (ii) Related organizations | | | | | 3a(ii) X |
| b If 'Yes' on line 3a(ii), are the rela | | | | | 3b |
| 4 Describe in Part XIII the intended | - | ation's endowment | funds. | | |
| Part VI Land, Buildings, and | | Weel on Form | 000 Dart IV line 1 | 10 Coo Form 000 | Dert V line 10 |
| Complete if the organi | | | | | · · · |
| Description of property | (ir | t or other basis vestment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | | | | |
| d Equipment | | | | | |
| e Other | | | | | |
| Total. Add lines 1a through 1e. (Column | n (d) must equal Fo | rm 990, Part X, col | umn (B), line 10c.) | | 0. |
| BAA | | | | Schedu | le D (Form 990) 2021 |

| Schedule D |) (Form 990) 2021 | TAM HIGH FOUNDATIC | N | | 68-0385326 | Page 3 |
|--------------------------|-------------------------|------------------------------------|---|-----------------------------|---------------------------------------|-------------|
| Part VII | | Other Securities. | | N/A | | V I: 10 |
| | | e organization answered | (b) Book value | | | |
| | | gory (including name of security) | (D) BOOK value | (C) Wethod of Valuation | n: Cost or end-of-year market | value |
| | | ts | | | | |
| (2) Olosely (3) Other | field equity interes | | | | | |
| (A) | | | | | | |
| <u>(B)</u> | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| <u>(F)</u> | | | | | | |
| $\frac{(G)}{(H)} = $ | | | | | | |
| (H) (I) | | | | | | |
| | n (h) must equal Form 9 | 90, Part X, column (B) line 12.) 🕨 | | | | |
| | | | | N/A | | |
| | | Program Related. | | | | |
| | (a) Description of | investment | (b) Book value | (c) Method of valuation: | Cost or end-of-year ma | arket value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | <u> </u> | | | | | |
| Part IX | Other Assets. | 90, Part X, column (B) line 13.) 🕨 | N/A | | | |
| | Complete if the | e organization answered | 'Yes' on Form 990 |), Part IV, line 11d. Se | ee Form 990, Part | X, line 15. |
| | | (a) Des | scription | | (b) Boo | ok value |
| (1) | | | | | | |
| (2) (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| Total. (Col | lumn (b) must equa | l Form 990, Part X, column (E | 3) line 15.) | | ► | |
| Part X | Other Liabilitie | es. | | | | |
| 1. | Complete if the org | ganization answered 'Yes' on F | prm 990, Part IV, line II ption of liability | le or 11f. See Form 990, Pa | | ok value |
| | ral income taxes | (a) Descri | | | | k value |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (11) Tatal (0a/am | | | | | _ | |
| I OTAL. (Colum | (D) must equal Form 9 | 90, Part X, column (B) line 25.) | | | · · · · · · · · · · · · · · · · · · · | |

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) 2021 TAM HIGH FOUNDATION | 68-0385326 | Page 4 |
|---|-----------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | er 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 | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments 2a | | |
| b Donated services and use of facilities 2b | | |
| c Recoveries of prior year grants 2c | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1. | 3 | |
| 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.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With 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 | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities 2a | | |
| b Prior year adjustments | | |
| c Other losses. 2c | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d | 2e | |
| 3 Subtract line 2e from line 1 | 3 | |
| 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.) | 5 | |
| 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 Organizatior | IS. | | OMB No. 1545-0047 | |
|--|---|-------------------------|------------------------------------|--|----------------------------------|---|---------------------------------------|---------------------------------------|--|
| (Form 990) | Governments, and Individuals in the United States 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 www.irs.gov/Form990 for the latest information. | | | | | | | | |
| Name of the organization | | | | | | | Employer ident | fication number | |
| TAM HIGH FOUNDAT | | | | | | | 68-03853 | 326 | |
| Part I General Info | rmation on G | rants and Assista | nce | | | | | | |
| 1 Does the organization the selection criteria | | | | assistance, the grantees | | | | X Yes No | |
| 2 Describe in Part IV th | | - | - | | | | PART IV | | |
| Part II Grants and Form 990, P | | | | and Domestic Govennment of the second structure of the | | | | | |
| 1 (a) Name and address or governm | of organization nent | (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 SC | HOOL | | | | | | | | |
| | | 68-0194361 | | 794,345. | 0. | | | | |
| (2) TAMALPAIS UNION H | | 00 0191001 | | 10170101 | | | | | |
| 395 DOHERTY DRIVE | | | | | | | | | |
| LARKSPUR, CA 9493 | | 68-0194361 | | 38,890. | 0. | | | | |
| (3) TAM HIGH PTSA 700 MILLER AVENUE | | | | | | | | | |
| MILL VALLEY, CA 9 | | 68-0194361 | | 10,763. | 0. | | | | |
| (4) TAMALPAIS HIGH SC 700 MILLER AVENUE | | | | | | | | | |
| MILL VALLEY, CA 9 | | 68-0194361 | | 24,600. | 0. | | | | |
| (5) | | | | | | | | | |
| | | | | | | | | | |
| (6) | | | | | | | | | |
| | | | | | | | | | |
| (7) | | | | | | | | | |
| | | | | | | | | | |
| (8) | | | | | | | | | |
| 2 Enter total number of | of section 501(c)(| 3) and government or | ganizations listed | in the line 1 table | | | | <u> </u> | |
| 3 Enter total number of | of other organizat | ions listed in the line | 1 table | | | | | • 1 | |

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

Schedule I (Form 990) 2021

68-0385326

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 | 64 | 9,131. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provi | de the information | n required in Part I | , line 2; Part III, co | lumn (b); and any oth | er 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 2021

| ► | Con | plet | e 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

| Employer identification number |
|--------------------------------|
| 68-0385326 |

TAM HIGH FOUNDATION Part I Types 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 | Metho noncash | (d) od of det contribu | termin tion ar | ing nounts |
|-----|---|-------------------------------|--|---|------------------|-------------------------------------|-------------------|---------------|
| 1 | Art – Works of art | | | | | | | |
| 2 | Art – Historical treasures | | | | | | | |
| 3 | Art – Fractional interests. | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities – Publicly traded | Х | 5 | 32,991. | FMV | | | |
| 10 | Securities – Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests . | | | | | | | |
| 12 | Securities – Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution – Historic structures | | | | | | | |
| 14 | Qualified conservation contribution – Other | | | | | | | |
| 15 | Real estate – Residential | | | | | | | |
| 16 | Real estate – Commercial | | | | | | | |
| 17 | Real estate – Other | | | | | | | |
| 18 | Collectibles. | | | | | | | |
| 19 | Food inventory. | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | - | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts. | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other► () | | | | | | | |
| 27 | Other► () | | | | | | | |
| 28 | Other► () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization of | luring the tax | vear for contributions for | r which the | | | | |
| | organization completed Form 8283, Part V, Done | | | | 29 | | | |
| | | | | | I | ` | Yes | No |
| 20- | During the user did the eventiation reasing by sent | ihudian anu n | renerative renerated in Devit I | lines 1 through 20, that | | | | |
| 30a | During the year, did the organization receive by contr it must hold for at least three years from the date | | | | | | | |
| | for exempt purposes for the entire holding period | | | | | 30 a | | Х |
| b | If 'Yes,' describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance poli | cy that requi | res the review of any r | nonstandard contributio | ns? | 31 | | Х |
| | Does the organization hire or use third parties or contributions? | related orga | nizations to solicit, prod | cess, or sell noncash | | 32 a | | Х |
| h | If 'Yes,' describe in Part II. | | | | | JLa | | |
| | If the organization didn't report an amount in colu describe in Part II. | ımn (c) for a | type of property for wh | nich column (a) is chec | ked, | | | |
| BAA | For Paperwork Reduction Act Notice, see the Ins | structions fo | r Form 990. | | Schedu | le M (Fo | rm 99 | 0) 2021 |

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

| OMB No. 1545-0047 | |
|-------------------|--|
| 2021 | |

Open to Public Inspection

Employer identification number 68-0385326

TAM HIGH FOUNDATION

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

PATRONS OF THE ARTS (PATH) SUPPORTS APPROXIMATELY 600 STUDENTS PARTICIPATING IN THE TAM HIGH VISUAL ARTS PROGRAM. PATH HELPS FUND FIELD TRIPS AND STUDENT ART EXHIBITIONS, AND PROVIDES SUPPLIES, WORKBOOKS, AND PROFESSIONAL DEVELOPMENT FOR ART TEACHERS.

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS NOTHING VOTED ON OR DECIDED AT THE COMMMITTEE LEVEL.

| Schedule O (Form 990) 2021 | Page 2 |
|----------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| TAM HIGH FOUNDATION | 68-0385326 |

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

THE ENTIRE 990 RETURNS ARE AUTOMATICALLY MADE AVAILABLE TO THE EXECUTIVE BOARD

MEMBERS FOR REVIEW AND ARE AVAILABLE UPON REQUEST BY OTHER BOARD MEMBERS FOR REVIEW.

THE ENTIRE 990 IS REVIEWED BY THE TREASURER 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)

| Type or print | TAM HIGH FOUNDATION | 68-0385326 | . , |
|--|--|------------|-----|
| File by the due date for filing your | Number, street, and room or suite number. If a P.O. box, see instructions. 700 MILLER AVE. | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILL VALLEY, CA 94941 | | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | | Application Is For | Return Code |
|---|----|-----------------------------------|----------------|
| Form 990 or Form 990-EZ | 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 |
|----------------------------------|-----|--------|
|----------------------------------|-----|--------|

| Telephone | No. | 115- | - 3 8 | ∩- | . 1 |
|-----------|-----|------|-------|----|-----|
| | | | | | |

Fax No. ►

| | Telephone No. 🕨 | 415-380-3565 | Fax No. ► | | |
|---|---------------------|------------------------------------|----------------------------------|---------------------|--|
| • | If the organization | n does not have an office or place | e of business in the United Stat | tes, check this box | |

| | - | • | | | | |
|---|-----------------------------|-----------------------------------|-------------------------|---------------------------|-----------------------------------|---|
| • | If this is for a Group Retu | rn, enter the organization's fou | r digit Group Exemption | on 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 th | ne names and TINs of all member | s |
| | the extension is for. | - | - | | | |

| 1 | I request an automatic 6-month extension of time until | 6/15 | , 20 <u>23</u> | , to file the exempt organization return |
|---|--|---------------|-----------------|--|
| | for the organization named above. The extension is f | or the organi | zation's return | for: |

| ► | χ tax year beginning | <u>8/01</u> | , 20 | <u>21</u> | , and ending | <u> 7/31 </u> | _ , 20 | <u>22</u> . | |
|---|---------------------------|-------------|------|-----------|--------------|---|--------|-------------|--|
| | | | | | | | | | |

| 2 | If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return | ĺ | Final return |
|---|---|----------------|---|--------------|
| | Change in accounting period | - | | I |

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