|                                |  |                                       | EXTENDED TO AUGUST 15, 2   | 017   |                                |  |  |  |  |  |
|--------------------------------|--|---------------------------------------|--|---|--------------------------------|--|--|--|--|--|
|                                | 0  | 90                                    | Return of Organization Exempt Fro  | m Income Tax                                  | OMB No. 1545-0047              |  |  |  |  |  |
| For                            | m J  | 50                                    | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo   |   | tions) 2015                    |  |  |  |  |  |
|                                |  | of the Treasury<br>enue Service       | Do not enter social security numbers on this form as it  |   | Open to Public                 |  |  |  |  |  |
| _                              |  |                                       | Information about Form 990 and its instructions is at w<br>lar year, or tax year beginning OCT 1, 2015 and endli   | <u>/ww.irs.gov/form990.</u><br>ng SEP 30, 201 | Inspection                     |  |  |  |  |  |
|                                | Check  | · · · · · · · · · · · · · · · · · · · | f organization   | D Employer ident                              |                                |  |  |  |  |  |
|                                | applicet   |                                       | I DI GRAZARON  | D Employer idea                               | ancauon number                 |  |  |  |  |  |
|                                | Change TORY BURCH FOUNDATION, INC.   |                                       |  |   |                                |  |  |  |  |  |
|                                | Nam<br>Chan  | 3660127                               |  |   |                                |  |  |  |  |  |
|                                | Indial<br>Indian<br>Indian<br>Final       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number<br>(646)         Final<br>Indiany<br>Internation<br>Store       11 WEST 19TH STREET, 7TH FL       Com/suite       E Telephone number<br>(646)         City or town, state or province, country, and ZIP or foreign postal code       G Grosse receipts \$ |                                       |  |   |                                |  |  |  |  |  |
|                                |  |                                       |  |   |                                |  |  |  |  |  |
| <b></b>                        |  |                                       |  |   |                                |  |  |  |  |  |
|                                | ireturi<br>]Appii  |                                       | YORK, NY 10011<br>nd address of principal officer: LAURIE FABIANO  | H(a) is this a group                          |                                |  |  |  |  |  |
| ·                              | tion<br>pend   |                                       | AS C ABOVE   | for subordinat                                | e included? Yes No             |  |  |  |  |  |
| 1                              | Tax-ex   |                                       | X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or  |   | a list. (see instructions)     |  |  |  |  |  |
|                                |  |                                       | ://TORYBURCHFOUNDATION.ORG   | H(c) Group exempt                             |                                |  |  |  |  |  |
|                                |  |                                       | X Corporation Trust Association Other t  |   | M State of legal domicile; NY  |  |  |  |  |  |
| Pa                             | art I  | Summary                               |  |   |                                |  |  |  |  |  |
| ė                              | 1  | Briefly describ                       | e the organization's mission or most significant activities: NON-PRO   | FIT 501(C)(3)                                 |                                |  |  |  |  |  |
| Activities & Governance        | _  | *                                     | ATION THAT EMPOWERS WOMEN ENTREPRENE   |   |                                |  |  |  |  |  |
| ,err                           | 2  |                                       | x > L  | 1   | 1                              |  |  |  |  |  |
| ő                              | 3  |                                       |  |   | 3 <u>10</u><br>4 7             |  |  |  |  |  |
| يە<br>14                       | 5  |                                       | ependent voting members of the governing body (Part Vi, line 1b)<br>of individuals employed in calendar yoar 2015 (Part V, line 2a)                                |   |                                |  |  |  |  |  |
| itie                           | 6  |                                       | of volunteers (estimate if necessary)  |   |                                |  |  |  |  |  |
| çţ                             |  |                                       | d business revenue from Part VII, column (C), ine 12   |   |                                |  |  |  |  |  |
| ~                              | b  | Net unrelated                         | business taxable income from Form 990-T, line 34   |   | b 0.                           |  |  |  |  |  |
|                                |  |                                       |  | Prior Year                                    | Current Year                   |  |  |  |  |  |
| 8                              | 8  |                                       | and grants (Part VIII, line 1h)  |   |                                |  |  |  |  |  |
| Revenue                        | 9  |                                       | ce revenue (Part VIII, line 2g)  |   |                                |  |  |  |  |  |
| å                              |  |                                       | come (Part VIII, column (A), lines 3, 4, and 7d)   |   |                                |  |  |  |  |  |
|                                |  |                                       | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                   |   |                                |  |  |  |  |  |
|                                |  |                                       | nilar amounts paid (Part IX, column (A), lines 1-3)  |   |                                |  |  |  |  |  |
|                                | 14   |                                       | o or for members (Part IX, column (A), line 4)   |   |                                |  |  |  |  |  |
| ŝ                              | 15   | Salaries, other                       |  |   | • • •                          |  |  |  |  |  |
| cpenses                        | 16a  | Professional fu                       | compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ng expenses (Part IX, column (D), line 25) | 0   | . 0.                           |  |  |  |  |  |
| Å.                             |  |                                       |  |   | 455 044                        |  |  |  |  |  |
|                                |  |                                       | s (Part IX, column (A), lines 11a-11d, 11f-24e)  |   |                                |  |  |  |  |  |
|                                |  |                                       | s. Add lines 13-17 (must equal Part IX, column (A), line 25)<br>expenses. Subtract line 18 from line 12  | 2,053,471                                     |                                |  |  |  |  |  |
| es                             |  | nevenue less (                        | sapenses, Subtract the To from the 12  | Beginning of Current Yea                      |                                |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 20   | Total assets (P                       | art X, line 16)  | <u> </u>                                      |                                |  |  |  |  |  |
| dBa                            | 21   | -                                     | (Part X, line 26)  | 168,394                                       |                                |  |  |  |  |  |
| Paris Paris                    | 22   |                                       | und balances. Subtract line 21 from line 20  | 5,072,259                                     | 5,737,985.                     |  |  |  |  |  |
| Pa                             | rt (l  | Signature                             |  |   |                                |  |  |  |  |  |
|                                |  |                                       | declare that I have examined this return, including accompanying schedules and s   |   | my knowledge and belief, it is |  |  |  |  |  |
| true,                          | correc   | t, and complete.                      | Declaration of preparer (other than officer) is based on all information of which pre  | eparer has any knowledge.                     | 1                              |  |  |  |  |  |
| Sigr                           |  | Signature                             | of officer   | Date Date                                     |                                |  |  |  |  |  |
| Here                           |  |                                       | RT ISEN, TREASURER   | /   | - /                            |  |  |  |  |  |
|                                | -  |                                       | int name and title   |   |                                |  |  |  |  |  |
|                                |  | Print/Type prep                       | arer's name Preparer's signature   | Date Check                                    | PTIN                           |  |  |  |  |  |
| Paid                           |  |                                       | KAMELHAR WO  | 131117 self-emp                               |                                |  |  |  |  |  |
| Prep                           | i  | Firm's name                           | ELLIOT HOROWITZ & COMPANY, LLP   | Firm*s EIN 🕨                                  | 13-3028332                     |  |  |  |  |  |
| Use                            | Only   | Firm's addross                        |  |   | 10 090 9500                    |  |  |  |  |  |
|                                | AL - 1-  |                                       | NEW YORK, NY 10017   | Phone no.2                                    | 12-972-7500                    |  |  |  |  |  |
|                                | the IF   |                                       | return with the preparer shown above? (see Instructions)   |   | Form <b>990</b> (2015)         |  |  |  |  |  |
|                                |  | LIM FU                                | a a spectra in a subsection were thouse, see the separate instructions.  |   |                                |  |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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| I) Statement of Program Service Accomplishments         Check if Schedule 0 contains a response or note to any line in this Part III         evid describe the organization's mission:         DN-PROFIT 501(C)(3) ORGANIZATION THAT EMPOWERS WOMEN ENTREPRENEURS         II be organization structures         It he organization undertake any significant program services during the year which were not listed on         prior Form 990 or 990-E2?         Yes, 'describe these new services on Schedule O.         the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expense ton 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, enue, if any, for each program service reported.         det  |
|--|
| efly describe the organization's mission:<br>DN - PROFIT 501(C)(3) ORGANIZATION THAT EMPOWERS WOMEN ENTREPRENEURS<br>IE UNITED STATES BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND<br>IGITAL RESOURCES.<br>If the organization undertake any significant program services during the year which were not listed on<br>a prior Form 990 or 990-EZ?<br>Yes," describe these new services on Schedule O.<br>If the organization cease conducting, or make significant changes in how it conducts, any program services?<br>Yes," describe these changes on Schedule O.<br>Scribe the organization's program service accomplishments for each of its three largest program services, as measured by expense<br>ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br>ienue, if any, for each program service reported.<br>de:) (Expenses  |
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| HE UNITED STATES BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND<br>IGITAL RESOURCES.<br>It he organization undertake any significant program services during the year which were not listed on<br>prior Form 990 or 990-E2?<br>Yes, 'describe these new services on Schedule O.<br>It he organization cease conducting, or make significant changes in how it conducts, any program services?<br>Yes,' describe these changes on Schedule O.<br>scribe the organization's program service accomplishments for each of its three largest program services, as measured by expense<br>ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br>enue, if any, for each program service reported.<br>de  |
| IGITAL RESOURCES.  |
| the organization undertake any significant program services during the year which were not listed on<br>prior Form 990 or 990-EZ? [  |
| Prior Form 990 or 990-EZ?       Yes         Yes," describe these new services on Schedule O.       Yes         I the organization cease conducting, or make significant changes in how it conducts, any program services?       Yes         Yes," describe these changes on Schedule O.       Yes         Scribe the organization's program service accomplishments for each of its three largest program services, as measured by expense ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, enue, if any, for each program service reported.         de:       ) (Expenses       374,504. Including grants of \$ 100,000.) (Revenue \$ 100,000.) (Revenue \$ 100,000.) (Revenue \$ 100,000.)         HE TORY BURCH FOUNDATION EMPOWERS WOMEN ENTREPRENEURS IN THE UNITH PATES BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND DIGITAL RESOUND DIENTREPRENEURS FACE SIGNIFICANT BARRIERS TO ACCESSING CAPITAL RESOUND DIENT ENTREPRENEURS FACE SIGNIFICANT BARRIERS TO ACCESSING CAPITAL ROWING THEIR BUSINESSES. OUR PROGRAMS LEVEL THE PLAYING FIELD FOR DMEN ENTREPRENEURS. THE TORY BURCH FOUNDATION WEBSITE IS A DIGITAL SOURCE HUB WITH RICH CONTENT FOR ALL WOMEN ENTREPRENEURS ON THE DRLD_WIDE-WEB. THERE ARE SCORES OF ORIGINAL ARTICLES ADDRESSING         DARLD_WIDE_WEB. THERE ARE SCORES OF ORIGINAL ARTICLES ADDRESSING         INANCE, MARKETING, OPERATIONS AND MORE; INTERVIEWS WITH SUCCESSFUI         JSINESS PEOPLE; AND TOOLS, SUCH AS A BUSINESS PLAN BUILDER. |
| Prior Form 990 or 990-EZ?       Yes         Yes," describe these new services on Schedule O.       Yes         I the organization cease conducting, or make significant changes in how it conducts, any program services?       Yes         Yes," describe these changes on Schedule O.       Yes         Scribe the organization's program service accomplishments for each of its three largest program services, as measured by expense ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, enue, if any, for each program service reported.         de:       ) (Expenses       374,504. Including grants of \$ 100,000.) (Revenue \$ 100,000.) (Revenue \$ 100,000.) (Revenue \$ 100,000.)         HE TORY BURCH FOUNDATION EMPOWERS WOMEN ENTREPRENEURS IN THE UNITH PATES BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND DIGITAL RESOUND DIENTREPRENEURS FACE SIGNIFICANT BARRIERS TO ACCESSING CAPITAL RESOUND DIENT ENTREPRENEURS FACE SIGNIFICANT BARRIERS TO ACCESSING CAPITAL ROWING THEIR BUSINESSES. OUR PROGRAMS LEVEL THE PLAYING FIELD FOR DMEN ENTREPRENEURS. THE TORY BURCH FOUNDATION WEBSITE IS A DIGITAL SOURCE HUB WITH RICH CONTENT FOR ALL WOMEN ENTREPRENEURS ON THE DRLD_WIDE-WEB. THERE ARE SCORES OF ORIGINAL ARTICLES ADDRESSING         DARLD_WIDE_WEB. THERE ARE SCORES OF ORIGINAL ARTICLES ADDRESSING         INANCE, MARKETING, OPERATIONS AND MORE; INTERVIEWS WITH SUCCESSFUI         JSINESS PEOPLE; AND TOOLS, SUCH AS A BUSINESS PLAN BUILDER. |
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| The organization cease conducting, or make significant changes in how it conducts, any program services?<br>Yes," describe these changes on Schedule O.<br>scribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses<br>ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br>renue, if any, for each program service reported.<br>de:   |
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| scribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses<br>ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br>renue, if any, for each program service reported.<br>de:)(Expenses  |
| ction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br>renue, if any, for each program service reported.<br>de:) (Expenses 3  |
| enue, if any, for each program service reported.<br>de:  |
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| ner program services (Describe in Schedule O.)   |
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TORY BURCH FOUNDATION, INC. Form 990 (2015) TORY BURCH F Part IV Checklist of Required Schedules

|                |  |             | Yes | No       |
|----------------|--|-------------|-----|----------|
| 1              | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |             | 103 |          |
|                | If *Yes," complete Schedule A  | 1           | х   |          |
| 2              | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2           | Х   |          |
| 3              | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I         | 3           |     | x        |
| 4              | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4           |     | x        |
| 5              | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |             |     |          |
| Ť              | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5           |     | x        |
| 6              | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |             |     |          |
|                | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6           |     | x        |
| 7              | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |             |     |          |
|                | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7           |     | X        |
| 8              | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8           |     | x        |
| 9              | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |             |     |          |
|                | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |             |     |          |
|                | If "Yes," complete Schedule D, Part IV   | 9           |     | X        |
| 10             | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |             |     |          |
|                | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10          |     | X        |
| 11             | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |             |     |          |
|                | as applicable.   |             |     |          |
| а              | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |             |     |          |
|                | Part VI  | 11a         |     | <u>X</u> |
| b              | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |             | İ   |          |
|                | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b         |     | X        |
| С              | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |             |     |          |
|                | assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII   | 11c         |     | X        |
| a              | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in<br>Part X, line 162 // IXee II complete Schedule D, Part IX     |             |     | v        |
| ~              | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d         | x   | X        |
| f              |  | <u>11e</u>  |     |          |
| •              | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f         | x   |          |
| 12a            | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | <u> </u>    |     |          |
|                | Schedule D, Parts XI and XII   | 12a         | x   |          |
| ь              | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 720         |     |          |
|                | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b         |     | х        |
| 13             | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13          |     | X        |
| 14a            |  | 14a         |     | Х        |
| b              | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |             | _   |          |
|                | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |             |     |          |
|                | or more? If "Yes," complete Schedule F, Parts I and IV   | 1 <u>4b</u> |     | Х        |
| 15             | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |             |     |          |
|                | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15          |     | X        |
| 16             | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |             |     |          |
|                | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16          |     | X        |
| 17             | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |             |     |          |
| -              | column (A), lines 6 and 11e? If *Yes, " complete Schedule G, Part I  | 17          |     | X        |
| 18             | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines<br>1c and 8a? If "Yes," complete Schedule G, Part II            | 18          |     | x        |
| 1 <del>9</del> | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |             |     |          |
|                | complete Schedule G. Part III  | 19          |     | x        |

Form 990 (2015)

532003 12-10-15

07310808 791240 220650

| Form | 000 | (2015) |  |
|------|-----|--------|--|
| rom  | 990 | (2010) |  |

TORY BURCH FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

|             |  |     | Yes  | No             |
|-------------|--|-----|------|----------------|
| <b>2</b> 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |      | <u>x</u>       |
| Ь           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |      |                |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |      |                |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | <br> | <u>X</u>       |
| 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  | X    | ļ              |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |     |      |                |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |     |      |                |
|             | Schedule J   | 23  |      | X              |
| 24a         | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |     |      |                |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |     |      | ſ              |
|             | Schedule K. If "No", go to line 25a  | 24a | ·    | X              |
| Ь           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |      | 1              |
| с           | 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 | _    | <u> </u>       |
| 25a         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 1   |      |                |
|             | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |      | <u> </u>       |
| Ь           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |     |      |                |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |     |      |                |
|             | Schedule L, Part I   | 25b |      | <u>X</u>       |
| 26          | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  | 1   |      |                |
|             | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |     |      |                |
|             | complete Schedule L, Part II   | 26  |      | X              |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |     |      |                |
|             | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |     |      |                |
|             | of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |      | <u> </u>       |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |     |      |                |
|             | instructions for applicable filing thresholds, conditions, and exceptions):  |     |      | - <del>.</del> |
| a           | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a |      | X<br>X         |
| b           | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b |      |                |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 00. |      |                |
|             | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c |      | X              |
| 29<br>20    | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | 29  |      | <u> </u>       |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 20  |      | x              |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?   | 30  |      | <b></b>        |
| 31          | If "Yes," complete Schedule N, Part I  | 31  |      | x              |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |      |                |
| UL.         | Schedule N, Part II  | 32  |      | x              |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | VE  |      |                |
| ~~          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |      | x              |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |     |      | <u> </u> _     |
|             | Part V, line 1   | 34  |      | x              |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |      | X              |
|             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |     |      | <u> </u>       |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |      | 1              |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |     |      | 1              |
|             | If "Yes," complete Schedule R, Part V, line 2  | 36  |      | x              |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |     |      |                |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |      | X              |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |     |      |                |
|             | Note. All Form 990 filers are required to complete Schedule O  | 38  | X    |                |

Form 990 (2015)

532004 12-16-15

| Form       | 990 (2015) TORY BURCH FOUNDATION, INC. 26-3660  | 127       | P        | age <b>5</b> |
|------------|---|-----------|----------|--------------|
| Pa         | t V Statements Regarding Other IRS Filings and Tax Compliance   |           |          |              |
|            | Check if Schedule O contains a response or note to any line in this Part V  |           |          |              |
|            |   |           | Yes      | No           |
| 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a6  |           |          |              |
| b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |           |          |              |
| с          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |           |          |              |
|            | (gambling) winnings to prize winners?   | 1c        | Х        |              |
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |           |          |              |
|            | filed for the calendar year ending with or within the year covered by this return 2a 0  |           |          | ľ            |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b        |          |              |
|            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |           |          |              |
| 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a        |          | X            |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                    | Зb        |          |              |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |           |          |              |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a        |          | X            |
| b          | If "Yes," enter the name of the foreign country:  |           |          |              |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |           |          |              |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |          | X            |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b        |          | X            |
| с          | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c        |          |              |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |           |          |              |
|            | any contributions that were not tax deductible as charitable contributions?   | 6a        |          | X            |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |           |          |              |
|            | were not tax deductible?  | 6b        |          |              |
| 7          | Organizations that may receive deductible contributions under section 170(c).   |           |          |              |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a        | _        | X            |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |          |              |
| c          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |           |          |              |
|            | to file Form 8282?  | 7c        |          | X            |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year   |           |          |              |
| е          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e        |          | X            |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f        |          | <u>x</u>     |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? $\dots$        | 7g        |          | X            |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h        |          | X            |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |           |          |              |
|            | sponsoring organization have excess business holdings at any time during the year?  | 8         |          | X            |
| 9          | Sponsoring organizations maintaining donor advised funds.   |           |          |              |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?  | <u>9a</u> |          | X            |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b        |          | X            |
| 10         | Section 501(c)(7) organizations. Enter:   |           |          |              |
| a          | Initiation fees and capital contributions included on Part VIII, line 12  |           |          | 1            |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |           |          |              |
| 11         | Section 501(c)(12) organizations. Enter:  |           | 1        |              |
| а          | Gross income from members or shareholders 11a   |           |          | Į            |
| b          | 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       | <b> </b> |              |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |           |          |              |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           |          | <b> </b>     |
| а          |   | 13a       |          | <u> </u>     |
|            | Note. See the instructions for additional information the organization must report on Schedule O.   |           |          |              |
| D          | Enter the amount of reserves the organization is required to maintain by the states in which the  |           | Į        |              |
| _          | organization is licensed to issue qualified health plans  |           |          |              |
|            | Enter the amount of reserves on hand  | 44-       |          | x            |
| 14a        |   | 14a       |          | <u> </u>     |
| D          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b       |          | (0045)       |

Form **990** (2015)

532005 12-16-15

| Form 990 (2015)     | TORY BURCH     | FOUNDATION,           | INC.                              | <u> </u>                    | Pag    |
|---------------------|----------------|-----------------------|-----------------------------------|-----------------------------|--------|
| Part VI Governance, | Management, an | d Disclosure For each | "Yes" response to lines 2 through | 7b below, and for a "No" re | sponse |

TORY BURCH FOUNDATION, INC.

26-3660127 Page 6

| ·     | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.                    |            |              |          |
|-------|---|------------|--------------|----------|
|       | Check if Schedule O contains a response or note to any line in this Part VI   |            |              | X        |
| Sec   | tion A. Governing Body and Management   |            |              |          |
|       |   |            | Yes          | No       |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year 1a 10   | ו          |              |          |
|       | If there are material differences in voting rights among members of the governing body, or if the governing                         | 7          |              |          |
|       | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                               |            |              |          |
| ь     | Enter the number of voting members included in line 1a, above, who are independent  | 7i l       |              |          |
| 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          | х            |          |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |            |              |          |
| 3     | of officers, directors, or 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        |
| _     | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5          |              | X        |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assess -                         | 6          |              | X        |
| 6     | Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or                    |            |              | _11      |
| /a    |   | 70         |              | х        |
|       | more members of the governing body?   | 7a         |              | <u> </u> |
| D     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |            |              | v        |
|       | persons other than the governing body?  | 7b         |              | X        |
| 8     | Oid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |            |              |          |
|       | The governing body?   | <b>8</b> a | X            |          |
| ъ     | Each committee with authority to act on behalf of the governing body?   | 8b         | X            |          |
| 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? If "Yes," provide the names and addresses in Schedule O   | 9          |              | <u> </u> |
| Sec   | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |            |              |          |
|       |   |            | Yes          | No       |
| 10a   | Did the organization have local chapters, branches, or affiliates?  | 10a        |              | X        |
| ъ     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |            |              |          |
|       | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b        |              |          |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | ,11a       | Х            |          |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |            |              |          |
| 12a   | Did the organization have a written conflict of interest policy? If *No, " go to line 13  | 12a        | х            |          |
|       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b        | Х            |          |
|       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  | -          |              |          |
| Ũ     | in Schedule O how this was done   | 12c        | х            |          |
| 13    | Did the organization have a written whistleblower policy?   | 13         | X            |          |
| 14    | Did the organization have a written document retention and destruction policy?  | 14         |              | X        |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent                  |            |              |          |
|       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |            |              |          |
|       | The organization's CEO, Executive Director, or top management official  | 15a        |              | x        |
|       | Other officers or key employees of the organization   | 15b        |              | X        |
| D     |   | 150        |              | <u> </u> |
| 10-   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |            |              |          |
| 103   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               | 100        |              | x        |
|       | taxable entity during the year?   | 16a        |              | <u>^</u> |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |            |              |          |
|       | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |            |              |          |
| _     | exempt status with respect to such arrangements?  | 16b        |              |          |
| Sec   | tion C. Disclosure  |            |              |          |
| 17    | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$                                 |            |              |          |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)      | availab    | le .         |          |
|       | for public inspection. Indicate how you made these available. Check all that apply.   |            |              |          |
|       | Own website Another's website X Upon request Other (explain in Schedule O)  |            |              |          |
| 19    | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | nd finan   | cial         |          |
|       | statements available to the public during the tax year.   |            |              |          |
| 20    | State the name, address, and telephone number of the person who possesses the organization's books and records:                     |            |              |          |
|       | FLYNN FAMILY OFFICE - 212-202-3230  |            |              |          |
|       | 139 WEST 50TH STREET, 19TH FLOOR, NEW YORK, NY 10020  |            |              |          |
| 53200 | 6 12-16-15  | Forn       | 1 <b>990</b> | (2015)   |
|       |   |            |              |          |

2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

| Part VII | Compensation of Officers, Dir | rectors, Trustees, | Key Employees, | Highest | Compensated |
|----------|-------------------------------|--------------------|----------------|---------|-------------|
|          | Employees, and Independent    | Contractors        |                |         |             |

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

Section A. \_Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title        | (B)<br>Average<br>hours per  | box                            | not c<br>, unie<br>cer ar | Pos<br>heck<br>iss pe | C)<br>ition<br>more | •                               | one<br>han | (D)<br>Reportable<br>compensation<br>from | (E)<br>Reportable<br>compensation<br>from related | (F)<br>Estimated<br>amount of<br>other                                   |
|------------------------------|--|--------------------------------|---------------------------|-----------------------|---------------------|---------------------------------|------------|---|---|--|
|                              | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee     | Difficer              | Key employee        | Highest compensated<br>employee | Рогтек     | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)                  | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) TORY BURCH               | 3.00   | X                              |                           | x                     |                     | 1                               |            | 0.  | 0.  | 0.   |
| PRESIDENT                    | 3.00   | <b>A</b>                       |                           |                       |                     |                                 | -          |   | 0.  | <u>0.</u>  |
| (2) ROBERT ISEN<br>TREASURER | 5.00   | x                              |                           | x                     | ĺ                   |                                 |            | o.  | 0.  | 0.   |
| (3) JAMES ROBINSON           | 2.00   |                                |                           |                       |                     |                                 |            |   |   |  |
| SECRETARY                    |  | x                              |                           | x                     |                     |                                 |            | 0.  | 0.  | 0.   |
| (4) JAMIE TISCH              | 1.00   |                                |                           |                       |                     | İ –                             |            |   |   |  |
| BOARD MEMBER                 |  | x                              |                           |                       |                     |                                 |            | 0.  | 0.  | Ο.   |
| (5) JAY HASS                 | 1.00   |                                |                           |                       | 1                   | 1                               |            |   |   |  |
| BOARD MEMBER                 |  | x                              |                           |                       |                     |                                 |            | 0.  | 0.  | 0.   |
| (6) TRACEY KOZMETSKY         | 1.00   |                                |                           |                       |                     |                                 |            |   |   |  |
| BOARD MEMBER                 |  | <u>x</u>                       |                           |                       |                     |                                 |            | 0.  | 0.  | 0.   |
| (7) DINA POWELL              | 2.00   |                                |                           |                       |                     |                                 |            |   |   |  |
| BOARD MEMBER                 |  | X                              |                           |                       |                     |                                 |            | 0.  | 0.  | 0.   |
| (8) HAYLEY BOESKY            | 2.00   |                                |                           |                       |                     |                                 |            |   |   |  |
| BOARD MEMBER                 | ļ  | X                              |                           | <u> </u>              |                     | <u> </u>                        |            | 0.  | 0.  | 0.   |
| (9) SUSAN DUFFY              | 1.00   |                                |                           |                       |                     |                                 |            |   |   |  |
| BOARD MEMBER                 |  | X                              |                           | ļ                     |                     | <b> _</b>                       |            | 0.  | 0.  | 0.   |
| (10) YASMIN GREEN            | 1.00   |                                |                           |                       |                     |                                 |            |   | -   | _  |
| BOARD MEMBER                 |  | X                              |                           | <u> </u> .            |                     | <u> </u>                        |            | 0.  | 0.  | 0.   |
|                              |  |                                |                           |                       |                     |                                 |            |   |   |  |
|                              |  | -                              |                           |                       |                     |                                 |            |   | -   |  |
|                              |  | -                              |                           |                       |                     |                                 | [<br>      | · · · · · · · · · · · · · · · · · · ·     | · · · · · · · · · · · · · · · · · · ·             |  |
|                              | .  | ļ                              | -                         |                       |                     | -                               |            |   |   |  |
|                              |  |                                |                           |                       |                     |                                 |            |   |   |  |
|                              |  |                                |                           |                       |                     | Ē                               |            |   |   |  |
|                              |  |                                |                           |                       |                     |                                 |            |   |   |  |
|                              |  | ]                              |                           |                       |                     |                                 |            |   |   |  |
|                              | ļ  |                                | l                         |                       |                     |                                 |            |   |   |  |
| · · · ·                      | · · ·  | <u> </u>                       | <u> </u>                  |                       |                     | <u> </u>                        | I          | <u> </u>                                  |   |  |

532007 12-16-15

07310808 791240 220650

2015.06000 TORY BURCH FOUNDATION, INC. 220650 2

Form 990 (2015)

| orm 990 (2015) TORY BUR<br>Part VII Section A. Officers, Directors, Trus   |  |                 |                       |   |                                     |                     |             | ompensated Employe                             | <u>26–3</u><br>es (continued)                 |       |                         |   |                  |
|--|--|-----------------|-----------------------|---|-------------------------------------|---------------------|-------------|--|---|-------|-------------------------|---|------------------|
| (A)<br>Name and title  | (B)<br>Average<br>hours per  | (do<br>box      | not c<br>, unle       | (C<br>Posi<br>heck r<br>ss per<br>id a di | <b>)</b><br>ition<br>mare<br>rson i | than (              | one<br>1 an | (D)<br>Reportable<br>compensation              | (E)<br>Reportable<br>compensatio              | n İ   | an                      | (F)<br>timate<br>nount                                  |                  |
|  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | tee or director | Institutional trustee | Officer                                   |                                     | Highest compensated | Former      | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organization<br>(W-2/1099-MIS | s     | com<br>fr<br>org<br>and | other<br>pensa<br>om th<br>anizat<br>d relat<br>inizati | e<br>tion<br>ted |
| ·  |  |                 |                       |   |                                     | -                   |             |  |   |       |                         |   |                  |
|  |  |                 |                       |   |                                     |                     |             |  |   |       |                         |   |                  |
|  |  |                 |                       |   |                                     |                     |             |  |   |       |                         |   |                  |
|  |  |                 |                       |   |                                     |                     |             |  |   |       |                         |   |                  |
|  |  |                 |                       |   |                                     |                     |             |  |   |       |                         |   |                  |
| 1b Sub-totai<br>c Total from continuation sheets to Part V   | I, Section A   |                 |                       |   |                                     |                     |             | 0.   |   | 0.    |                         |   | 0                |
| d Total (add lines 1b and 1c)         2       Total number of individuals (including but n<br>compensation from the organization ▶                                     |  |                 |                       | _   |                                     |                     |             | 0.<br>eceived more than \$100                  | ,000 of reportab                              | 0.    |                         |   | 0                |
| 3 Did the organization list any former officer,<br>line 1a? If "Yes," complete Schedule J for s  |  |                 |                       |   |                                     |                     |             |  |   |       | 3                       | Yes   | No<br>X          |
| <ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or a</li> </ul> | 0,000? If "Yes,  | " co            | mple                  | ete S                                     | Sche                                | dule                | Jf          | or such individual                             |   | - F   | 4                       |   | x                |
| rendered to the organization? If "Yes," corr<br>Section B. Independent Contractors   | plete Schedul  | e J f           | or su                 | uch j                                     | bers                                | on .                |             |  |   |       | 5                       |   | x                |
| 1 Complete this table for your five highest co<br>the organization. Report compensation for  |  |                 |                       |   |                                     |                     |             | the organization's tax                         |   | pensa |                         |   |                  |
| (A)<br>Name and business   | address  | N               | ONE                   | <u> </u>                                  |                                     |                     |             | (B)<br>Description of s                        | ervices                                       | C     | (C<br>ompei             |   | <u>n</u>         |
|  | <u> </u>   |                 |                       | _   |                                     |                     |             |  |   |       |                         |   |                  |
|  |  |                 |                       |   |                                     | _                   |             |  |   |       |                         |   | <u> </u>         |
|  |  |                 |                       |   |                                     |                     |             |  |   |       |                         |   |                  |
| 2 Total number of independent contractors (  | -  | iot li          | mite                  | d to                                      |                                     | _                   | ted         | above) who received m                          | ore than                                      |       |                         |   |                  |
| \$100,000 of compensation from the organi  | zation 🗩   |                 |                       |   | (                                   |                     |             |  |   |       | Form                    | 9 <b>90</b> (   | 201              |

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|   |        |   | <u>BURCH FO</u>   | UNDATION                          | <u>, inc.</u>        |   | <u>    26–3660</u>                      | <u>127</u> Page 9  |
|---|--------|---|-------------------|-----------------------------------|----------------------|---|---|--|
| Pa  | irt VI |   |                   |                                   |                      |   |   |  |
|   |        | Check if Schedule O conta               | ains a response   | or note to any li                 | ne in this Part VIII |   |   |  |
|   |        | Check if Schedule O conta               |                   |                                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts<br>nts  | 1 a    | Federated campaigns                     | 1a                |                                   |                      |   |   |  |
| ărai<br>our   | ь      | Membership dues                         | 1b                |                                   |                      |   |   |  |
| Ъ.<br>С   | 1      | Fundraising events                      |                   |                                   |                      |   |   | ĺ  |
| ar  |        | Related organizations                   |                   |                                   | 1                    |   |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |        | Government grants (contributio          |                   |                                   |                      |   | :                                       |  |
| ŝö  |        | All other contributions, gifts, grants  |                   |                                   |                      |   |   |  |
| hei   |        | similar amounts not included abov       |                   | 130,291.                          |                      |   |   |  |
| Ξō  |        | Noncash contributions included in lines |                   |                                   |                      |   |   |  |
| 2<br>D<br>D<br>D  | 9<br>6 | Total. Add lines 1a-1f                  | 1a-11. 3          | <b></b>                           | 1 130 291.           |   |   |  |
| <u> </u>  |        | Total rad mod ra n                      | -                 | Business Code                     | 4                    |   |   |  |
| ø   | 2 a    |   |                   |                                   |                      |   |   |  |
| Program Service<br>Revenue                                | b      |   |                   |                                   |                      |   |   |  |
| Ser   |        |   |                   |                                   |                      |   |   |  |
| E N   | c d    |   |                   |                                   |                      |   |   |  |
| gra<br>Re   |        |   |                   |                                   |                      |   |   | ·····  |
| Pro   | e      |   |                   |                                   |                      |   |   |  |
| -   |        | All other program service rever         |                   |                                   |                      |   |   |  |
| _   |        | Total. Add lines 2a-2f                  |                   |                                   |                      |   |   | 1  |
|   | 3      | Investment income (including o          | aividenas, intere | st, and                           | 20 121               | 20 101  |   |  |
|   |        | other similar amounts)                  |                   |                                   | 32,131.              | 32,131.   |   | ·····  |
|   | 4      | Income from investment of tax           | • •               |                                   |                      |   |   |  |
|   | 5      | Royalties                               |                   |                                   |                      |   |   |  |
|   |        | -                                       | (i) Real          | (ii) Personal                     |                      |   |   |  |
|   |        | Gross rents                             |                   |                                   |                      |   |   |  |
|   |        | Less: rental expenses                   |                   |                                   |                      |   |   |  |
|   |        | Rental income or (loss)                 |                   |                                   |                      |   |   |  |
|   |        | Net rental income or (loss)             |                   |                                   |                      | ·····   |   |  |
|   | 7 a    | Gross amount from sales of              | (i) Securities    | (ii) Other                        |                      |   |   |  |
|   |        | assets other than inventory             |                   |                                   |                      |   |   |  |
|   | b      | Less: cost or other basis               |                   |                                   |                      | •   |   |  |
|   |        | and sales expenses                      |                   |                                   |                      |   |   |  |
|   | c      | Gain or (loss)                          |                   |                                   |                      |   |   |  |
|   |        | Net gain or (loss)                      |                   | <b>)</b>                          |                      |   |   |  |
| Other Revenue   | 8 a    | Gross income from fundraising           |                   |                                   |                      |   |   |  |
| ivel  |        | contributions reported on line          |                   |                                   |                      |   |   |  |
| ar F  |        | Part IV, line 18                        | а                 |                                   |                      |   |   |  |
| the   | b      | Less: direct expenses                   |                   |                                   |                      |   |   |  |
| 0   | с      | Net income or (loss) from fundr         | raising events    | ►                                 |                      |   |   | ĺ  |
| :   | 9 a    | Gross income from gaming act            | tivities. See     |                                   |                      |   |   |  |
|   |        | Part IV, line 19                        | a                 |                                   |                      |   |   |  |
|   | ь      | Less: direct expenses                   |                   |                                   |                      |   |   | ł  |
|   |        | Net income or (loss) from gami          |                   |                                   |                      |   |   |  |
|   |        | Gross sales of inventory, less r        |                   |                                   |                      |   |   |  |
|   |        | and allowances                          |                   |                                   |                      |   | ·                                       |  |
|   | ь      | Less: cost of goods sold                |                   |                                   |                      |   |   |  |
|   |        | Net income or (loss) from sales         |                   |                                   |                      |   |   | ł  |
|   |        | Miscellaneous Revenue                   |                   | Business Code                     |                      |   |   |  |
|   | 11 a   |   |                   |                                   |                      |   |   |  |
|   | а<br>b |   |                   |                                   |                      |   |   |  |
|   |        |   |                   | · · · · · · · · · · · · · · · · · |                      |   |   |  |
|   | ,<br>, | All other revenue                       |                   |                                   |                      |   |   |  |
|   |        | Total. Add lines 11a-11d                |                   |                                   | 1                    |   |   |  |
|   | 12     | Total revenue. See instructions.        |                   |                                   | 1,162,422.           | 32,131.   | 0.                                      | 0.   |
| 53200   | 9 12-1 |   |                   | F                                 |                      |   | <u> </u>                                | Form <b>990</b> (2015)   |
|   |        |   |                   |                                   |                      |   |   |  |

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TORY BURCH FOUNDATION, INC. Part IX Statement of Functional Expenses

|    | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service                | (C)<br>Management and<br>general expenses | (D)<br>Fundraising |
|----|---|-----------------------|---------------------------------------|---|--------------------|
| 1  | Grants and other assistance to domestic organizations   |                       | expenses                              | general expenses                          | expenses           |
| •  | and domestic governments. See Part IV, line 21  | ſ                     |                                       |   |                    |
| 2  | Grants and other assistance to domestic   | [                     |                                       |   |                    |
| 2  | individuals. See Part IV, line 22   | 100,000.              | 100,000.                              |   |                    |
| 3  | Grants and other assistance to foreign  | 100,000.              | 100,000.                              |   |                    |
| J  | organizations, foreign governments, and foreign   |                       |                                       |   |                    |
|    | individuals. See Part IV, lines 15 and 16   |                       |                                       |   |                    |
| 4  | Benefits paid to or for members   | · · ·                 | · · · · · · · · · · · · · · · · · · · |   |                    |
| 5  | Compensation of current officers, directors,  | -                     |                                       |   |                    |
| Ŭ  | trustees, and key employees   |                       |                                       |   |                    |
| 6  | Compensation not included above, to disqualified  |                       |                                       |   |                    |
| Ť  | persons (as defined under section 4958(f)(1)) and   |                       |                                       |   |                    |
|    | persons described in section 4958(c)(3)(B)  |                       |                                       |   |                    |
| 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   |                       |                                       |   |                    |
| 11 | Fees for services (non-employees):  |                       |                                       |   |                    |
| а  | Management  |                       |                                       |   |                    |
| b  | Legal   | 8,616.                |                                       | 8,616.                                    |                    |
| с  | Accounting  | 53,301.               | 11,514.                               | 30,273.                                   | 11,514             |
| d  |   |                       |                                       |   |                    |
| e  | Destantion of the second second provided and  |                       |                                       |   |                    |
| f  | Investment management fees  |                       |                                       |   |                    |
| g  |   |                       |                                       |   |                    |
| •  | column (A) amount, list line 11g expenses on Sch 0.)  |                       |                                       | 1   |                    |
| 12 | Advertising and promotion   | 75,771.               | 75,771.                               |   |                    |
| 13 | Office expenses   | 20,887.               | 20,712.                               | 175.                                      |                    |
| 14 | Information technology  |                       |                                       |   |                    |
| 15 | Royalties   |                       |                                       |   |                    |
| 16 | Occupancy   |                       |                                       |   |                    |
| 17 | Travel  | 9,094.                | 9,094.                                |   |                    |
| 18 | Payments of travel or entertainment expenses  | -                     |                                       |   |                    |
|    | for any federal, state, or local public officials   |                       |                                       |   |                    |
| 19 | Conferences, conventions, and meetings  |                       |                                       |   |                    |
| 20 | Interest  |                       |                                       |   |                    |
| 21 | Payments to affiliates  |                       |                                       |   |                    |
| 22 | Depreciation, depletion, and amortization   |                       |                                       |   |                    |
| 23 | Insurance   | 13,011.               | 13,011.                               |   |                    |
| 24 | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) | • .                   |                                       |   |                    |
| -  | MENTORING EVENTS  | 169,333.              | 135,834.                              |   | 33,499             |
| b  |   | 17,500.               |                                       | 17,500.                                   |                    |
| c  |   | 8,568.                | 8,568.                                |   |                    |
| ď  |   | 1,140.                |                                       | 1,140.                                    |                    |
|    | All other expenses  | <u> </u>              |                                       |   |                    |
| 25 | Total functional expenses. Add lines 1 through 24e  | 477,221.              | 374,504.                              | 57,704.                                   | 45,013             |
| 26 | Joint costs. Complete this line only if the organization  | ~                     |                                       |   | 10,010             |
|    | reported in column (B) joint costs from a combined  |                       |                                       |   |                    |
|    | educational campaign and fundraising solicitation.  |                       |                                       |   |                    |
|    | Check here if following SOP 98-2 (ASC 958-720)  |                       |                                       |   |                    |

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2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

Form 990 (2015)

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Form 990 (2015)

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## 2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

| Pa            | rt X | Balance Sheet   |                                       |     |                        |
|---------------|------|---|---------------------------------------|-----|------------------------|
|               |      | Check if Schedule O contains a response or note to any line in this Part X        |                                       |     |                        |
|               |      |   | (A)<br>Beginning of year              |     | (B)<br>End of year     |
|               | 1    | Cash - non-interest-bearing   |                                       | _1  | 411,011.               |
|               | 2    | Savings and temporary cash investments  | 4,774,495.                            | 2   | <u>5,195,478.</u>      |
|               | 3    | Pledges and grants receivable, net  | 466,158.                              | 3   | 277,560.               |
|               | 4    | Accounts receivable, net  |                                       | 4   | 10,000.                |
|               | 5    | Loans and other receivables from current and former officers, directors,          |                                       |     |                        |
|               |      | trustees, key employees, and highest compensated employees. Complete              |                                       |     |                        |
|               |      | Part II of Schedule L   |                                       | 5   |                        |
|               | 6    | Loans and other receivables from other disqualified persons (as defined under     |                                       |     |                        |
| Assets        |      | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                       |     |                        |
|               |      | employers and sponsoring organizations of section 501(c)(9) voluntary             |                                       |     |                        |
|               |      | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                       | 6   |                        |
|               | 7    | Notes and loans receivable, net   |                                       | 7   |                        |
| Ϋ́            | 8    | Inventories for sale or use   |                                       | 8   |                        |
|               | 9    | Prepaid expenses and deferred charges   |                                       | 9   | 2,977.                 |
|               | 10a  | Land, buildings, and equipment: cost or other                                     |                                       |     |                        |
|               |      | basis. Complete Part VI of Schedule D 10a   |                                       |     |                        |
|               | ь    | Less: accumulated depreciation 10b  |                                       | 10c |                        |
|               | 11   | Investments - publicly traded securities  |                                       | 11  |                        |
|               | 12   | Investments - other securities. See Part IV, line 11                              |                                       | 12  |                        |
|               | 13   | Investments - program-related. See Part IV, line 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 34)                         | 5,240,653.                            | 16  | 5,897,026.             |
|               | 17   | Accounts payable and accrued expenses   | 75,810.                               | 17  | 9,159.                 |
|               | 18   | Grants payable  | 25,522.                               | 18  | 82,820.                |
|               | 19   | Deferred revenue  |                                       | 19  |                        |
|               | 20   | Tax-exempt bond liabilities   | · · · · · · · · · · · · · · · · · · · | 20  |                        |
|               | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D             |                                       | 21  | ~                      |
| s<br>s        | 22   | Loans and other payables to current and former officers, directors, trustees,     |                                       |     |                        |
| Liabilities   |      | key employees, highest compensated employees, and disqualified persons.           |                                       |     |                        |
| iqe           |      | Complete Part II of Schedule L  |                                       | 22  |                        |
| Ë             | 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   |                                       | ļ   |                        |
|               |      | Schedule D  | 67,062.                               | 25  | 67,062.                |
|               | 26   | Total liabilities. Add lines 17 through 25  | 168,394.                              | 26  | 159,041.               |
|               | 1    | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and                  |                                       |     |                        |
| S<br>S        |      | complete lines 27 through 29, and lines 33 and 34.                                |                                       |     |                        |
| лос<br>С      | 27   | Unrestricted net assets   | 4,606,101.                            | 27  | 5,460,425.             |
| ala           | 28   | Temporarily restricted net assets   | 466,158.                              | 28  | 277,560.               |
| Fund Balances | 29   | Permanently restricted net assets   | • • • • •                             | 29  | ·                      |
| Ľ.            |      | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                                       |     |                        |
| ۲.            | 1    | and complete lines 30 through 34.   |                                       |     |                        |
| Net Assets or | 30   | Capital stock or trust principal, or current funds                                |                                       | 30  |                        |
| \S3(          | 31   | Paid in or capital surplus, or land, building, or equipment fund                  |                                       | 31  |                        |
| et⊿           | 32   | Retained earnings, endowment, accumulated income, or other funds                  | · .                                   | 32  |                        |
| ž             | 33   | Total net assets or fund balances   | 5,072,259.                            | 33  | 5,737,985.             |
|               | 34   | Total liabilities and net assets/fund balances                                    | 5,240,653.                            | 34  | 5,897,026.             |
|               |      |   |                                       |     | Form <b>990</b> (2015) |

TORY BURCH FOUNDATION, INC. Part X Balance Sheet

26-3660127 Page 11

| Part XI       Reconciliation of Net Assets         Check If Schedule Q contains a response or note to any line in this Part XI         1       Total revenue (must equal Part IX, column (A), line 12)         2       Total expenses (must equal Part IX, column (A), line 25)         2       A 777, 221.         2       A 477, 221.         3       G 852, 201.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4         5       Donated services and use of facilities       6         7       Investment expenses       6         9       Other changes in net assets or fund balances (explain in Schedule Q)       9         10       Net assets or fund balances (explain in Schedule Q)       9         10       Net assets or fund balances (explain in Schedule Q)       9         10       Net assets or fund balances (explain in Schedule Q)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI) ine 33, column (B)       10         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepar  | Form       | 990 (2015) TORY BURCH FOUNDATION, INC.   | 26-366   | 0127      | Pag | ge <b>12</b> |
|---|------------|--|----------|-----------|-----|--------------|
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 1, 162, 422.         2       Total expenses (must equal Part IX, column (A), line 25)       2       477, 221.         3       Revenue less expenses. Subtract line 2 from line 1       3       685, 201.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       5, 072, 259.         5       Net unrealized gains (losses) on investments       6       -19, 475.         6       0       7       -19, 475.         7       8       6       -19, 475.         9       Other changes in et assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part Xi line 33, column (B))       10       5, 737, 985.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accr   | Pa         | rt XI Reconciliation of Net Assets   |          |           |     |              |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       477, 221.         3       Revenue less expenses. Subtract line 2 from line 1       3       685, 201.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       5, 072, 259.         5       Net unrealized gains (losses) on investments       6       -19, 475.         6       Donated services and use of facilities       7       6         7       1       Revenues and use of facilities       7       6         8       Prior period adjustments       8       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 737, 985.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X       X         1       Accounting method usesis, or both:       Separate basis <td></td> <td>Check if Schedule O contains a response or note to any line in this Part XI</td> <td></td> <td></td> <td></td> <td></td>  |            | Check if Schedule O contains a response or note to any line in this Part XI                        |          |           |     |              |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       477, 221.         3       Revenue less expenses. Subtract line 2 from line 1       3       685, 201.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       5, 072, 259.         5       Net unrealized gains (losses) on investments       6       -19, 475.         6       Donated services and use of facilities       7       6         7       1       Revenues and use of facilities       7       6         8       Prior period adjustments       8       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 737, 985.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X       X         1       Accounting method usesis, or both:       Separate basis <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |            |  |          |           |     |              |
| 3       Revenue less expenses. Subtract line 2 from line 1       3       685, 201.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       5, 0.72, 259.         5       Net unrealized gains (losses) on investments       5       -19, 475.         6       6       7         7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       5, 737, 985.       Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990.       Cash       X Accrual       Other         1       Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       On both consolidated and separate basis       Za       X         b       Were the organization changed its attements audited by an independent accountant?       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis.       Zb       X         If "Yes," check a box below to indicate whether the financial sta   | 1          | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |           |     |              |
| 4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       5, 072, 259.         5       Net unrealized gains (losses) on investments       5       -19, 475.         6       6       7         7       8       7         8       9       0.         9       0.       9         10       Net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 737, 985.         Part XII       Financial Statements and Reporting       X       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft "res," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         11       Separate basis, consolidated basis, or both:       2b       X       X  | 2          | Total expenses (must equal Part IX, column (A), line 25)   | 2        |           |     |              |
| 5 Net unrealized gains (losses) on investments   6   7   7   8   9   9   10   Net assets or fund balances (explain in Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (6))   10   10   11   12   12   13   14   15   15   16   17    17    18    19    10   10   10   10   11    12    14    15    15    16   17    18    19    19   10   10   10   10   11    12    12    14    15   15    16    17    17    18    19    10    10   11   12    12    13    14    14    15    15    16   16   17   17    17   18    19   | 3          | Revenue less expenses. Subtract line 2 from line 1   | _3       |           |     |              |
| 6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       5,737,985.         Part XIII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting financial statements compiled or reviewed by an independent accountant?       2a       X       X         1       Yes, "check a box below to indicate whether the financial statements for the year we  | 4          | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))          | 4        |           |     |              |
| 7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (6))       10       5, 737, 985.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         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 in Schedule O.       2a       X         16       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         17       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         16       "Yes," check a box below to indicate whether the financial statements and selection of an independent ac   | 5          | Net unrealized gains (losses) on investments   | 5        | -19       | ),4 | 75.          |
| 8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 737, 985.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         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 in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate ba  | 6          | Donated services and use of facilities   | 6        |           |     |              |
| 9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,737,985.         Part XIII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       I       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       I         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       I         16       "Yes," check a box below to indicate whether the financial state  | 7          | Investment expenses  | 7        |           |     |              |
| 9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,737,985.         Part XIII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       I       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       I         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       I         16       "Yes," check a box below to indicate whether the financial state  | 8          | Prior period adjustments   | 8        |           |     |              |
| column (6)       10       5,737,985.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         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 in Schedule O.       2a       X         1       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1       Yes* to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         6       If "Yes," did the organization nudergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3a       X   | 9          |  | 9        |           |     | 0.           |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other   | 10         | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, |          |           |     |              |
| Check if Schedule O contains a response or note to any line in this Part XII       X         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 in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a 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?   |            |  | 10       | 5,73      | 7,9 | 85.          |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the construction construction of the construction of the construction o | Pa         | rt XII Financial Statements and Reporting  |          |           |     |              |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare to the prepare to the prepare to the prepare to the prepare to the prepare to the financial statements for the prepare to the prepare to basis       Consolidated basis       Both consolidated and separate basis       Dever the organization's financial statements audited by an independent accountant?       2b       X       Image: Consolidated basis       2c       X       Image: Consolidated basis       2c       X  |            | Check if Schedule O contains a response or note to any line in this Part XII                       |          |           |     |              |
| 2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         B       If "Yes," did the organization undergo the required audit or audits? If the organization did not under   | 1          |  |          |           | Yes | No           |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis   |            | • • • • •  |          |           |     |              |
| separate basis, consolidated basis, or both:       Both consolidated and separate basis       Image: Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2c       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b  | 2a         |  |          | <u>2a</u> |     | X            |
| <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</li> </ul>   |            |  | d on a   |           |     |              |
| b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       X       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       Image: Common commits and commits   |            |  |          |           |     | l            |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolid  |            |  |          |           |     |              |
| consolidated basis, or both:       X         X       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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3b       3b   | b          |  |          | 2b        | х   | <u> </u>     |
| X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3b       3b   |            | •  | e 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b  |            |  |          |           |     |              |
| review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b   |            |  |          |           |     |              |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a         3a       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         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | c          |  | -        |           |     |              |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b   |            |  |          | 2c        | X   | ┝───         |
| Act and OMB Circular A 133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b  |            |  |          |           |     |              |
| b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b   | За         |  | -        |           |     |              |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |            |  |          | <u>3a</u> |     | X            |
|   | b          |  |          |           |     | 1            |
|   | . <u> </u> | or audits, explain why in Schedule O and describe any steps taken to undergo such audits           |          |           | 000 | <u> </u>     |

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Form **990** (2015)

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| SCHEDULE A |
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| (Form | 990 | or | 990- | EZ) |
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|-------|-----|----|------|-----|

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. 

| Attach to Form 990 or Form 990-E | Ζ |
|----------------------------------|---|
|----------------------------------|---|

| 2015                         |  |
|------------------------------|--|
| Open to Public<br>Inspection |  |

OMB No. 1545-0047

| Department of the Treasury |      |
|----------------------------|------|
| Internal Revenue Service   | Info |

- 47

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. n identification

| Name of    | the organization                      |                         | •   |              |                         |                        | Employer         | Identification number               |
|------------|---------------------------------------|-------------------------|---|--------------|-------------------------|------------------------|------------------|-------------------------------------|
|            |                                       |                         | NDATION, INC  |              |                         |                        |                  | <u>6-3660127</u>                    |
| Part I     | Reason for Public (                   | Charity Status (        | All organizations must c                              | omplete th   | iis part.) Se           | e instruction:         | 6.               |                                     |
| The organ  | ization is not a private found        | lation because it is: ( | For lines 1 through 11, o                             | check only   | one box.)               |                        |                  |                                     |
| 1          | A church, convention of ch            | urches, or associatio   | on of churches describe                               | d in sectio  | on 170(b)(*             | I)(A)(i).              |                  |                                     |
| 2          | A school described in secti           | ion 170(b)(1)(A)(ii). ( | Attach Schedule E (Forr                               | n 990 or 9   | 90-EZ).)                |                        |                  |                                     |
| 3 🗌        | A hospital or a cooperative           | hospital service orga   | anization described in s                              | ection 170   | )(b)(1)(A)(ii           | ii).                   |                  |                                     |
| 4          | A medical research organiz            | ation operated in co    | njunction with a hospita                              | l describe   | d in sectio             | n 170(b)(1)(A          | )(iii). Enter    | the hospital's name,                |
|            | city, and state:                      | •                       | , .   |              |                         |                        |                  | •                                   |
| 5          | An organization operated for          | or the benefit of a co  | llege or university owne                              | d or opera   | ted by a q              | ovemmental u           | unit describ     | bed in                              |
|            | section 170(b)(1)(A)(iv). (C          |                         | <b>č</b>  | •            |                         |                        |                  |                                     |
| 6          | A federal, state, or local go         |                         | nental unit described in                              | section 1    | 70(h)(1)(A)             | (v)                    |                  |                                     |
| 7 X        | -                                     | -                       |   |              |                         |                        | he general       | public described in                 |
|            | section 170(b)(1)(A)(vi). (C          | •                       |   | nom a gov    | - crimerica             |                        | ne general       |                                     |
| 8          | A community trust describe            |                         | (1\/A\/wi). (Complete Par                             | + 11 \       |                         |                        |                  |                                     |
| 9          | An organization that norma            |                         |   |              | contributi              |                        | hin food o       | and group receipts from             |
| 9 📖        | activities related to its exern       | • • • •                 | -   | -            |                         |                        | -                | -                                   |
|            |                                       | . ,                     | •   |              |                         |                        |                  | •                                   |
|            | income and unrelated busin            |                         | (less section 511 tax) if                             | om busine    | sses acqu               | ired by the of         | gamzation        | alter June 30, 1975.                |
| <i></i>    | See section 509(a)(2). (Con           |                         |   | 4.4. 0       |                         |                        |                  |                                     |
|            | An organization organized a           | ,                       |   |              |                         |                        | مطاحة فديم بمريد |                                     |
| 11         | An organization organized a           |                         | •   | •            |                         |                        | •                |                                     |
|            | more publicly supported or            |                         |   |              |                         |                        |                  | PRECK THE DOX IN                    |
| _          | lines 11a through 11d that            | -                       |   |              |                         |                        | -                |                                     |
| a 🗆        | <b>Type I.</b> A supporting orga      |                         |   |              |                         |                        |                  |                                     |
|            | the supported organization            |                         | • • • •   | a majority   | of the dire             | ctors or truste        | es of the s      | upporting                           |
| . —        | organization. You must o              |                         |   |              |                         |                        |                  |                                     |
| <b>b</b> Ц | <b>Type II</b> . A supporting org     | -                       |   |              |                         | •                      |                  | •                                   |
|            | control or management o               |                         |   | ame perso    | ons that co             | ontrol or mana         | ige the sup      | ported                              |
| _          | organization(s). You mus              | •                       |   |              |                         |                        |                  |                                     |
| с L        | Type III functionally inte            | grated. A supportin     | g organization operated                               | in connec    | tion with, a            | and functiona          | lly integrate    | ed with,                            |
| _          | its supported organizatio             | n(s) (see instructions  | s). You must complete                                 | Part IV, Se  | ections A,              | D, and E.              |                  |                                     |
| d 🗆        | Type III non-functionally             | y integrated. A supp    | orting organization oper                              | rated in co  | nnection v              | vith its suppo         | rted organi      | zation(s)                           |
|            | that is not functionally int          | egrated. The organiz    | zation generally must sa                              | tisfy a dist | ribution re             | quirement an           | d an attent      | iveness                             |
| _          | requirement (see instruct             | ions). You must cor     | nplete Part IV, Section                               | s A and D,   | , and Part              | <b>v.</b>              |                  |                                     |
| e 🗆        | Check this box if the orga            | anization received a    | written determination fro                             | om the IRS   | 6 that it is a          | а Туре I, <b>Т</b> уре | II, Type III     |                                     |
|            | functionally integrated, or           |                         |   |              |                         |                        |                  | r <del></del>                       |
| f Ente     | er the number of supported of         | organizations           |   |              |                         |                        |                  |                                     |
|            | vide the following information        |                         |   | In 1 4 44    | ,                       |                        |                  |                                     |
| t,         | i) Name of supported<br>organization  | (ii) EIN                | (iii) Type of organization<br>(described on lines 1-9 |              | organization<br>in your |                        | -                | (vi) Amount of                      |
|            | organization                          |                         | above (see instructions))                             |              | document?               | support<br>instruct    | •                | other support (see<br>instructions) |
|            |                                       |                         |   | Yes          | No                      |                        | 1011.07          | (instructions)                      |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   | 1            |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   | <u> </u>     |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |
| Total      | · · · · · · · · · · · · · · · · · · · |                         |   |              |                         |                        | <u> </u>         |                                     |
|            |                                       |                         |   |              |                         |                        |                  |                                     |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

#### Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC Part II Support Schedule for Organizations Described in Sections 1

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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.)

| 2       Tax revenues levided for the organization's benefit and either paid to or expended on its behalf   | Sec  | ction A. Public Support                   |                                       |                     |                          |                    |                      |              |
|--|------|---|---------------------------------------|---------------------|--------------------------|--------------------|----------------------|--------------|
| membership fees received. (Do not<br>include any "unusual grants.")       1, 653, 997, 2, 665, 516, 1, 419, 709, 2, 387, 940, 1, 130, 291, 9, 257, 453         2 Tax revenues levide for the organ-<br>tization's benefit and ether paid to<br>or expended on its behaff       1, 653, 997, 2, 665, 516, 1, 419, 709, 2, 387, 940, 1, 130, 291, 9, 257, 453         3 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge       1, 653, 997, 2, 665, 516, 1, 419, 702, 2, 387, 940, 1, 130, 291, 9, 257, 453         5 The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       1, 653, 997, 2, 665, 516, 1, 419, 702, 2, 387, 940, 1, 130, 291, 9, 257, 453         6 Public support. Subport<br>Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1, 653, 997, 2, 665, 516, 1, 419, 709, 2, 387, 940, 1, 130, 291, 9, 257, 453       53, 997, 2, 665, 516, 1, 419, 709, 2, 387, 940, 1, 130, 291, 9, 257, 453       6 oreas income from interest,<br>dividends, payments received on<br>securities laan, entor, royatiles<br>and income from interest,<br>dividends, payments received on<br>securities laan, entor, royatiles<br>and income from interest, royatiles<br>and income from sinterest, royatiles<br>and income from interest, royatiles<br>and income from interest, royatiles<br>and income from interest, royatiles<br>and income from interest, royatiles<br>and income from sinterest, royatiles<br>and income from metated business<br>activities, whether or not the<br>business is regulary carrited on<br>10 Other income. Do not include gain<br>or loss from the sa  | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2011                              | <b>(b)</b> 2012     | (c) 2013                 | (d) 2014           | (e) 2015             | (f) Total    |
| include any 'unusual grants.')       1,653,997       2,665,516       1,419,709       2,387,940       1,130,291       9,257,453         2       Tax revenues levide for the organization's formental unit to the organization without charge  | 1    | Gifts, grants, contributions, and         |                                       |                     |                          |                    |                      |              |
| 2       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf         3       The value of services or facilities furnished by a governmental unit to the organization without charge         4       Total. Add lines 1 through 3         5       The portion of total contributions by each preson (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)         6       Public support. Subject lines ten times.         7       A mounts from line 4         9       Not include and interest, dividends, payments received on securities loans, rents, royaties and income from unrelated business activities, whether or not the business is regularly carried on the solution.         9       Net income from unrelated business activities, whether or not the agental activities, whether or not the sale of capital assets (Explain in Part Vi).         11       Total support. Add lines 7 through 10         10       Other income. Do not include gain or loss from spite activities, whether or not the organization's first, second, thid, fourth, or fifth tax years as section 501(c)(3)         11       Total support. Add lines 7 through 10         12       Gross receipts from related activities, etc. (see instructions)         12       Total support. Add lines 7 through 10         10       Other income. On on include gain or loss from spite activities, stop and activities, stop and activities.  |      | membership fees received. (Do not         |                                       |                     |                          |                    |                      |              |
| ization's benefit and either paid to<br>or expended on its behaff  |      | include any "unusual grants.")            | 1,653,997,                            | 2,665,516.          | 1,419,709,               | 2,387,940,         | 1,130,291,           | 9,257,453,   |
| or expended on its behaff  | 2    | Tax revenues levied for the organ-        |                                       |                     |                          |                    |                      |              |
| 3 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge       1.653.997       2.665.516       1.419,709       2.387.940       1.130.291       9.257.453         5 The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       1.653.997       2.665.516       1.419,709       2.387.940       1.130.291       9.257.453         6 Public support       Subtract line 5 tem time 4.       2.709.700         Section B. Total Support       6.547.753         6 Inclustry ear (or fiscal year beginning in) >       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1.553.997       2.665.516       1.419,709       2.387.940       1.130.291       9.257.453         8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royatties<br>and income from interest       2.231.4       4.003.3       3.169       11.730.32       32.131.53.264         9 Not income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI)       1.9.310.717       12       1.53.926       1.11.730.92       1.11.730.92       1.11.730.92       1.11.711       13.0.717         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth   |      | ization's benefit and either paid to      |                                       |                     |                          |                    |                      |              |
| furnished by a governmental unit to<br>the organization without charge       1,653,997.       2,665,516.       1,419,709.       2,387,940.       1,130,291.       9,257,453         5 The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11.       1,653,997.       2,665,516.       1,419,709.       2,387,940.       1,130,291.       9,257,453         6 Public support       6,547,753       2,709,700         Section B. Total Support       2,009,700         Section B. Total Support       1,653,997.       2,665,516.       1,419,709.       2,387,940.       1,130,291.       9,257,453         6 Public support.       Submet line 5 ton treed.       2,709,700         Section B. Total Support       1,653,997.       2,665,516.       1,419,709.       2,387,940.       1,130,291.       9,257,453         7 Amounts from line 4       1,553,997.       2,665,516.       1,419,709.       2,387,940.       1,130,291.       9,257,453         8 Gross income from misterest,<br>dividends, payments received on<br>securities loans, rents, royatties<br>and income from mistered business<br>activities, whether or not the<br>business is regularly carried on<br>10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       1       9,310,717         13 First five years. If the Form 900 is for the organization's fir   |      | or expended on its behalf                 |                                       |                     |                          |                    |                      |              |
| the organization without charge       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453         5       The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453         6       Public support, Subtract line 5 non line 4.       2,709,700         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453       9,257,453         8       Gross income from inferest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from inferest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from inferest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from inferest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income, Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9,310,717         10       Other income, Do not include gain<br>or loss from the lated activities, etc. (see instructions)       12         11       Total support, Add lines 2 through 10       9,310,717         12       Gross receipts from related activities, etc. (see instructions)       12  | 3    | The value of services or facilities       |                                       |                     |                          |                    |                      |              |
| 4 Total. Add lines 1 through 3       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453         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)       6,547,753         6 Public support, Subtract line 5 nom line 4.       2,2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453       3,27,09,700         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453       3,27,940, 1,130,291, 9,257,453       9,257,453         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources       2,231, 4,003, 3,169, 11,730, 32,131, 53,264, 9,237,453       3,2,131, 53,264, 9,237,453         9 Net income from unrelated business activities, whether or not the business is regularly carried on securities loars, rents, royatties and income from similar sources       2,231, 4,003, 3,169, 11,730, 32,131, 53,264, 9,310,717       17 Total support. Add lines 7 through 10       9,310,717         10 Other income. Do not include gain or loss from the agale of capital assets (cSplain in Part V).       9,310,717       12       13       15,1747  |      | furnished by a governmental unit to       |                                       |                     |                          |                    |                      |              |
| 5       The portion of total contributions<br>by each person (other than a<br>governmental unit or publicity<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       6,547,753         6       Public support. Subtract line 5 from line 4.       2,709,700         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4       1,653,997, 2,665,516       1,419,709, 2,387,940       1,130,291, 9,257,453         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royaties<br>and income from similar sources       2,231, 4,003, 3,169, 11,730, 32,131, 53,264       53,264         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the ade of capital<br>assets (Exiptian in Part VI)       1       53,10,717         11       Total support. Add lines 7 through 10       9,310,717         12       Torsa receipts from rolated activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section S01(c)(3)<br>organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage from 2016 Schedule A, Part II, line 14       15       28.87       9         14  |      | the organization without charge           |                                       |                     |                          |                    |                      |              |
| 5       The portion of total contributions<br>by each person (other than a<br>governmental unit or publicity<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       6,547,753         6       Public support. Subtract line 5 from line 4.       2,709,700         Section B. Total Support       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4       1,653,997, 2,665,516       1,419,709, 2,387,940       1,130,291, 9,257,453         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royaties<br>and income from similar sources       2,231, 4,003, 3,169, 11,730, 32,131, 53,264       53,264         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the ade of capital<br>assets (Exiptian in Part VI)       1       53,10,717         11       Total support. Add lines 7 through 10       9,310,717         12       Torsa receipts from rolated activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section S01(c)(3)<br>organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage from 2016 Schedule A, Part II, line 14       15       28.87       9         14  | 4    | Total, Add lines 1 through 3              | 1 653 997.                            | 2 665 516           | 1 419 709                | 2 387 940          | 1 130 291            | 9 257 453    |
| by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on tine 11,<br>column (f) 6,547,753<br>6 Public support. Subtract line 5 hom time 4<br>2,709,700<br>Section B. Total Support<br>Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total<br>7 Amounts from line 4<br>1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453<br>8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources<br>2,231, 4,003, 3,169, 11,730, 32,131, 53,264,<br>9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI.)<br>11 Total support. Add lines 7 through 10<br>12 Gross receipts from related activities, etc. (see instructions)<br>12 Section C. Computations of the torganization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here<br>Section C. Computation of Public Support Percentage<br>14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))<br>15 28.87 9<br>16e 33 1/3% support test - 2015, if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  | 5    |   |                                       |                     |                          |                    |                      | <u> </u>     |
| governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       6.547,753         6 Public support. Subtract line 5 from line 4.       2,709,700         Section B. Total Support       2,709,700         Section B. Total Support.       1,553,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453         8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources       2,231, 4,003, 3,169, 11,730, 32,131, 53,264,         9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>io Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9,310,717         11 Total support. Add lines 7 through 10       9,310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501cl(c)(3)<br>organization, check this box and stop here       29,10,9         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29,10,9         15 O28.87 9       16 33 1/3% support test - 2015. If the organization idin ot check the box on line 13, and line 14 is 33 1/3%  | Ť    |   |                                       |                     |                          |                    |                      |              |
| supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11,<br>column (f)       6,547,753         6       Public support. Subtract line 5 from line 4.       2,709,700         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4       1,653,997       2,665,516       1,419,709       2,387,940       1,130,291       9,257,453         8       Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources       2,231       4,003       3,169       11,730       32,131       53,264         9       Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on       2,231       4,003       3,169       11,730       32,131       53,264         10       Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       1       9,310,717         11       Total support. Add lines 7 through 10       12       1         13       First free years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Section C. Computation of Public Support Percentage   |      |   |                                       |                     |                          |                    |                      |              |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f)       6.547,753         6 Public support. Subtract line 5 tem line 4.       2,709,700         Section B. Total Support         Calendar year (or fiscal year beginning in) ▲       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1,653,997, 2,665,516       1,419,709, 2,387,940       1,130,291       9,257,453         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles and income from similar sources       2,231.4,003.3,169.11,730.32,131.53,264         9 Net income from unrelated business activities, whether or not the business is regularly carried on           10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       9,310,717          11 Total support. Add lines 7 through 10             13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)          organization, check this box and stop here            Section C. Computation of Public Support Percentage         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  |      |   |                                       |                     |                          |                    |                      |              |
| amount shown on line 11,<br>column (f)       6.547,753         6 Public support. Subtract line 5 from fine 4.       2,709,700         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         A mounts from line 4         1, 653, 997, 2, 665, 516, 1, 419, 709, 2, 387, 940, 1, 130, 291, 9, 257, 453         8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources       2, 231, 4, 003, 3, 169, 11, 730, 32, 131, 53, 264, 9, 22, 231, 4, 003, 3, 169, 11, 730, 32, 131, 53, 264, 9, 10, 717, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10   |      | •   |                                       |                     |                          |                    |                      |              |
| column (f)       6,547,753         6       Public support. Subtract line 5 from line 4.       2,709,700         Section B. Total Support         Calendar year (or fiscal year beginning in) ►       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4       1, 653, 997.       2, 665, 516.       1, 419, 709.       2, 387, 940.       1, 130, 291.       9, 257, 453         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on       2, 231.       4,003.       3,169.       11,730.       32,131.       53,264.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       9,310,717       12         11       Total support. Add lines 7 through 10       9,310,717       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         Section C. Computation of Public Support Percentage         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29.10       9         14       Public s   |      |   |                                       |                     |                          |                    |                      |              |
| 6       Public support. Subtract line 5 from line 4.       2,709,700         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7       Amounts from line 4       1,653,997.       2,665,516.       1,419,709.       2,387,940.       1,130,291.       9,257,453         8       Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources       2,231.       4,003.       3,169.       11,730.       32,131.       53,264.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       11       Total support. Add lines 7 through 10       9,310,717         10       Other income 10 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       9,310,717         11       Total support. Add lines 7 through 10       12       9,310,717         12       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       9         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29,10   |      | column (f)                                |                                       |                     |                          |                    |                      | C            |
| Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1,653,997, 2,665,516       1,419,709, 2,387,940       1,130,291, 9,257,453         8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources       2,231.       4,003.       3,169.       11,730.       32,131.       53,264.         9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       1       53,264.         11 Total support. Add lines 7 through 10       9,310,717       12       Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here       14       29,10       9         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29,10       9         15       28,87       9         16 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  | 6    | ··· ·····                                 | · · · · · · · · · · · · · · · · · · · |                     |                          | •                  |                      |              |
| Calendar year (or fiscal year beginning in)       (a) 2011       (b) 2012       (c) 2013       (d) 2014       (e) 2015       (f) Total         7 Amounts from line 4       1, 653, 997.       2, 665, 516.       1, 419, 709.       2, 387, 940.       1, 130, 291.       9, 257, 453         8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources       2, 231.       4, 003.       3, 169.       11, 730.       32, 131.       53, 264.         9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on       2, 231.       4, 003.       3, 169.       11, 730.       32, 131.       53, 264.         10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9, 310, 717       9, 310, 717         11 Total support. Add lines 7 through 10       9, 310, 717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here         24 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29.10       9         15       28.87       9         16 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is   |      |   |                                       |                     | I                        |                    |                      | 2,709,700.   |
| 7 Amounts from line 4       1,653,997, 2,665,516, 1,419,709, 2,387,940, 1,130,291, 9,257,453         8 Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources       2,231, 4,003, 3,169, 11,730, 32,131, 53,264         9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9,310,717         10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9,310,717         11 Total support. Add lines 7 through 10<br>organization, check this box and stop here       9,310,717         12       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here       9         14       29,10 9       15         15       28.87 9       16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |      | · · · · · · · · · · · · · · · · · · ·     | (a) 2011                              | (b) 2012            | (0) 2013                 | (d) 2014           | (a) 2015             | (B Total     |
| <ul> <li>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.</li> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li></ul>   |      |   |                                       |                     |                          |                    |                      |              |
| dividends, payments received on securities loans, rents, royalties and income from similar sources       2,231.4,003.3,169.11,730.32,131.53,264.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       11,730.32,131.53,264.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       9,310,717         11 Total support. Add lines 7 through 10       9,310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       2         Section C. Computation of Public Support Percentage       14       29.10 9         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29.10 9         15       28.87 9       16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and       15   |      |   |                                       | 2,002,510.          |                          | 2,307,940.         | 1,130,291.           | 9,237,433,   |
| securities loans, rents, royalties<br>and income from similar sources       2,231.       4,003.       3,169.       11,730.       32,131.       53,264.         9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on       11,730.       32,131.       53,264.         10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9,310,717         11 Total support. Add lines 7 through 10       9,310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here       14         29.10 9       15       28.87 9         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and       14   | 0    |   |                                       |                     |                          |                    | Į į                  |              |
| and income from similar sources       2,231.       4,003.       3,169.       11,730.       32,131.       53,264.         9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on       11,730.       32,131.       53,264.         10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9,310,717         11 Total support. Add lines 7 through 10       9,310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       9,310,717         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       14         29.10 9       15       28.87 9         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and       14   |      | . ,                                       |                                       |                     |                          |                    |                      |              |
| 9 Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       10 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)       9 310,717         11 Total support. Add lines 7 through 10       9 310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here       >         14 29.10 9       15 28.87 9         15 Public support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |      |   | 2 221                                 | 1 002               | 2 1 5 0                  | 11 720             | 22 121               | E2 261       |
| activities, whether or not the<br>business is regularly carried on   | ~    |   | <u> </u>                              | 4,005.              | <u> </u>                 | ,/JU.              | 54,151.              | 55,204.      |
| business is regularly carried on   | э    |   |                                       |                     |                          |                    |                      |              |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       9 310,717         11 Total support. Add lines 7 through 10       9 310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14 29.10 9         15 Public support percentage from 2014 Schedule A, Part II, line 14       15 28.87 9         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |      |   |                                       |                     |                          |                    |                      |              |
| or loss from the sale of capital<br>assets (Explain in Part VI.)<br>11 Total support. Add lines 7 through 10<br>12 Gross receipts from related activities, etc. (see instructions)<br>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)<br>organization, check this box and stop here<br>Section C. Computation of Public Support Percentage<br>14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))<br>15 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))<br>16 a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |      | • · · · ·                                 | · · · · · · · · · · · · · · · · · · · |                     |                          |                    |                      |              |
| assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  14 29.10 9  15 Public support percentage form 2014 Schedule A, Part II, line 14  15 28.87 9  16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   | 10   | _   |                                       |                     |                          |                    |                      |              |
| 11 Total support. Add lines 7 through 10       9,310,717         12 Gross receipts from related activities, etc. (see instructions)       12         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       12         organization, check this box and stop here   |      |   |                                       |                     |                          |                    |                      |              |
| 12       Gross receipts from related activities, etc. (see instructions)       12         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       •         Section C. Computation of Public Support Percentage       •         14       29.10         15       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))         15       Public support percentage from 2014 Schedule A, Part II, line 14         15       28.87         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |      |   |                                       |                     |                          |                    |                      |              |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))         15 Public support percentage from 2014 Schedule A, Part II, line 14         15 Organization of the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  |      |   |                                       |                     |                          |                    | <u> </u> l           | 9,310,717.   |
| organization, check this box and stop here       Image: Section C. Computation of Public Support Percentage         14       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       Image: I |      |   |                                       |                     |                          |                    |                      |              |
| Section C. Computation of Public Support Percentage         14       29.10         15       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))         15       Public support percentage form 2014 Schedule A, Part II, line 14         16a       33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   | 13   |   | -                                     |                     |                          | •                  | ,                    | . —          |
| 14       29.10       9         15       Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))       14       29.10       9         15       Public support percentage from 2014 Schedule A, Part II, line 14       15       28.87       9         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   | Sar  |   |                                       | oontogo             | ·····                    |                    |                      |              |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14       15       28.87 %         16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and   |      |   |                                       |                     |                          |                    |                      | 20 10        |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  |      |   |                                       |                     |                          |                    |                      | <u> </u>     |
|  |      |   |                                       |                     |                          |                    |                      |              |
| stop here. The organization qualifies as a publicity supported organization  | 16a  |   |                                       |                     |                          |                    |                      |              |
| a management of the management of the second s   |      |   |                                       |                     |                          |                    |                      |              |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box   | b    |   |                                       |                     |                          |                    |                      |              |
| and stop here. The organization qualifies as a publicly supported organization   |      |   |                                       |                     | •                        |                    |                      |              |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   | 17a  |   | -                                     |                     |                          |                    |                      | •            |
| and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization  |      |   |                                       |                     |                          |                    |                      |              |
|  |      |   |                                       |                     |                          |                    |                      |              |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or  | b    |   | -                                     |                     |                          | · · ·              |                      | 0% or        |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the   |      | -   |                                       |                     |                          |                    |                      |              |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   |      | organization meets the "facts-and-circ    | umstances" test. T                    | The organization qu | alifies as a public      | ly supported orga  | anization            | ▶∟_          |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨  | 18   | Private foundation. If the organizatio    | n did not check a b                   | ox on line 13, 16a  | <u>16b, 17a, or 17b,</u> | , check this box a | ind see instructions | <u>,,,,,</u> |

Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

| Se       | ction A. Public Support  |                   |                             |                       |                                       |                     |                   |
|----------|--|-------------------|-----------------------------|-----------------------|---------------------------------------|---------------------|-------------------|
| Cale     | ndar year (or fiscal year beginning in) 🕨  | (a) 2011          | (b) 2012                    | (c) 2013              | (d) 2014                              | (e) 2015            | (f) Total         |
| 1        | Gifts, grants, contributions, and  |                   |                             |                       |                                       |                     |                   |
|          | membership fees received. (Do not  |                   |                             |                       |                                       |                     |                   |
|          | include any "unusual grants.")   |                   |                             |                       |                                       |                     |                   |
| 2        | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                   |                             |                       | :                                     |                     |                   |
| 3        | Gross receipts from activities that are not an unrelated trade or bus  |                   |                             |                       |                                       |                     |                   |
|          | iness under section 513  |                   |                             |                       |                                       |                     |                   |
| 4        | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                   |                             |                       |                                       |                     |                   |
| -        | or expended on its behalf  |                   |                             |                       |                                       |                     | <u> </u>          |
| 5        | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                   |                             |                       |                                       |                     |                   |
| 6        | Total. Add lines 1 through 5   |                   |                             | 1                     |                                       |                     |                   |
|          | Amounts included on lines 1, 2, and  |                   |                             |                       |                                       |                     |                   |
|          | 3 received from disqualified persons   |                   |                             |                       |                                       |                     |                   |
| t        | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                   |                             |                       |                                       |                     |                   |
| c        | Add lines 7a and 7b  |                   |                             |                       |                                       |                     |                   |
|          | Public support. (Subtract line 7c from line 6.)  |                   |                             |                       |                                       |                     |                   |
| Sec      | ction B. Total Support   |                   |                             | <del>y</del>          | · · · · · · · · · · · · · · · · · · · |                     |                   |
|          | ndar year (or fiscal year beginning in) 🕨 📘  | (a) 2011          | (b) 2012                    | (c) 2013              | (d) 2014                              | (e) 2015            | (f) Total         |
|          | Amounts from line 6  |                   |                             |                       |                                       |                     |                   |
| 10a      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                   |                             |                       |                                       |                     |                   |
| t        | Unrelated business taxable income  |                   |                             |                       |                                       |                     |                   |
|          | (less section 511 taxes) from businesses acquired after June 30, 1975  |                   |                             | _                     |                                       |                     |                   |
| c        | Add lines 10a and 10b  |                   |                             |                       |                                       |                     |                   |
| 11       | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                   |                             |                       |                                       |                     |                   |
|          | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                   |                             |                       |                                       |                     |                   |
|          | Total support. (Add lines 9, 10c, 11, and 12.)   |                   |                             |                       |                                       | _                   | l                 |
| 14       | First five years. If the Form 990 is for   | the organization' | s first, second, thir       | d, fourth, or fifth t | ax year as a sectio                   | n 501(c)(3) organi: | zation,           |
| <u> </u> |  |                   |                             |                       | <u></u>                               |                     | <u> </u>          |
|          | ction C. Computation of Public   |                   | <u> </u>                    |                       |                                       | <u> </u>            |                   |
|          | Public support percentage for 2015 (lin  |                   |                             | column (f))           | ••••••                                | 15                  | %                 |
|          | Public support percentage from 2014  |                   |                             |                       | ••••••                                | 16                  | <u>%</u>          |
|          | ction D. Computation of Inves  |                   |                             |                       |                                       | r                   |                   |
|          | Investment income percentage for 20  |                   |                             |                       |                                       | 17                  | %                 |
|          | Investment income percentage from 2  |                   |                             |                       |                                       | 18                  | %                 |
| 19a      | 33 1/3% support tests - 2015. If the c   | -                 |                             |                       |                                       |                     | 17 is not         |
|          | more than 33 1/3%, check this box an   |                   |                             |                       |                                       |                     | ▶∟                |
| t        | 33 1/3% support tests - 2014. If the c   |                   |                             |                       |                                       |                     |                   |
| -        | line 18 is not more than 33 1/3%, chec   |                   |                             |                       |                                       | -                   |                   |
|          | Private foundation. If the organization  | i did not check a | <u>i box on line 14, 19</u> | a, or 19b, check ti   |                                       |                     |                   |
| 5320     | 23 09-23-15  |                   |                             |                       | Sch                                   | edule A (Form 99    | 0 or 990-EZ) 2015 |

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#### Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC.

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4a

4b

4c

5a

5b

5c

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8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer* (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes," answer (b) and (c) 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).
- b **Type 1 or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.
- 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 10b below.
  - **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.)

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Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC. Part IV Supporting Organizations (continued)

| <u> </u>   |   |            | Yes      | No       |
|------------|---|------------|----------|----------|
| 11         | Has the 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 in (b) and (c)                  |            |          |          |
|            | below, the governing body of a supported organization?  | 11a        |          |          |
| b          | A family member of a person described in (a) above?   | 11b        |          |          |
| с          | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.         | 11c        |          | <u> </u> |
|            | tion B. Type I Supporting Organizations   |            |          |          |
|            |   |            | Yes      | No       |
| 1          | Did the directors, trustees, or membership of one or more supported organizations have the power to                           |            |          |          |
|            | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the            |            |          | ĺ        |
|            | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                 |            |          |          |
|            | controlled the organization's activities. If the organization had more than one supported organization,                       |            |          |          |
|            | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                     |            |          | ĺ        |
|            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                        | 1          |          |          |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported                           |            |          |          |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                    |            |          | 1        |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                   |            |          | 1        |
|            | supervised, or controlled the supporting organization.  | 2          |          |          |
| Sec        | tion C. Type II Supporting Organizations  |            |          |          |
|            |   |            | Yes      | No       |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors              |            |          |          |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                 |            |          |          |
|            | or management of the supporting organization was vested in the same persons that controlled or managed                        |            |          |          |
|            | the supported organization(s).  | 1          |          |          |
| Sec        | tion D. All Type III Supporting Organizations   |            |          |          |
|            |   |            | Yes      | No       |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                |            |          |          |
|            | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax         |            |          |          |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the        |            |          |          |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?              | 1          |          | <u> </u> |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported              |            |          |          |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how            |            |          |          |
|            | the organization maintained a close and continuous working relationship with the supported organization(s).                   | 2          |          |          |
| 3          | By reason of the relationship described in (2), 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          | ļ        |          |
| <u>Sec</u> | tion 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 yea(see instructions | ):         |          |          |
| а          | The organization satisfied the Activities Test. Complete line 2 below.  |            |          |          |
| b          | L The organization is the parent of each of its supported organizations. Complete line 3 below.                               |            |          |          |
| С          | L] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in        | structions | <u></u>  |          |
| 2          | Activities Test. Answer (a) and (b) below.  |            | Yes      | No       |
| а          | 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,                      |            |          | ł        |
|            | how the organization was responsive to those supported organizations, and how the organization determined                     |            |          | 1        |
|            | that these activities constituted substantially all of its activities.  | 2a         |          | <u> </u> |
| b          |   |            | 1        |          |
|            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                  |            |          |          |
|            | reasons for the organization's position that its supported organization(s) would have engaged in these                        |            |          |          |
|            | activities but for the organization's involvement.  | _2b        | <u> </u> | <b> </b> |
| З          | Parent of Supported Organizations. Answer (a) and (b) below.  |            |          |          |
| a          | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                   |            | 1        | 1        |
|            | trustees of each of the supported organizations? Provide details in Part VI.  | 3a         | ļ        | <u> </u> |
| 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.             | 3b         |          | Ĺ        |
| 53202      | 5 09-23-15 Schedule A (Forn   | 1 990 or 9 | 90-EZ    | ) 2015   |

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|--|-----------------------------|--------------|
| Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC.                           | 2                           | <u>6-366</u> |
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga                      | anizations                  |              |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of | n Nov. 20, 1970. See instru | ctions. All  |
| other Type III non-functionally integrated supporting organizations must complete S        | Sections A through E.       |              |
| Section A - Adjusted Net Income  | (A) Prior Year              | (B) (        |

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| Section A - Adjusted Net Income      |   |    | (A) Prior Year | (B) Current Year<br>(optional) |
|--------------------------------------|---|----|----------------|--------------------------------|
| 1 Net short-term capital gain        | ·   | 1  |                |                                |
| 2 Recoveries of prior year distribut | ions  | 2  |                |                                |
| 3 Other gross income (see instruct   | tions)  | 3  |                |                                |
| 4 Add lines 1 through 3              |   | 4  |                |                                |
| 5 Depreciation and depletion         |   | 5  |                |                                |
| 6 Portion of operating expenses p    | aid 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   | a)  | 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<br>(optional) |
| 1 Aggregate fair market value of al  | I non-exempt-use assets (see                    |    | ·····          |                                |
| instructions for short tax year or   | assets held for part of year):                  |    |                |                                |
| a Average monthly value of securit   | ies   | 1a |                |                                |
| b Average monthly cash balances      |   | 1b |                |                                |
| c Fair market value of other non-ex  | empt-use assets                                 | 1c |                |                                |
| d Total (add lines 1a, 1b, and 1c)   |   | 1d |                |                                |
| e Discount claimed for blockage of   | or other  |    |                |                                |
| factors (explain in detail in Part V | /I):  |    |                |                                |
| 2 Acquisition indebtedness applica   | able to non-exempt-use assets                   | 2  |                |                                |
| 3 Subtract line 2 from line 1d       |   | 3  |                |                                |
| 4 Cash deemed held for exempt us     | se. Enter 1-1/2% of line 3 (for greater amount, |    |                |                                |
| see instructions).                   |   | 4  |                |                                |
| 5 Net value of non-exempt-use ass    | ets (subtract line 4 from line 3)               | 5  |                |                                |
| 6 Multiply line 5 by .035            |   | 6  |                |                                |
| 7 Recoveries of prior-year distribut | ions  | 7  |                |                                |
| 8 Minimum Asset Amount (add li       | ne 7 to line 6)                                 | 8  |                |                                |
| Section C - Distributable Amount     |   |    |                | Current Year                   |
| 1 Adjusted net income for prior year | ar (from Section A, line 8, Column A)           | 1  |                |                                |
| 2 Enter 85% of line 1                |   | 2  |                |                                |
| 3 Minimum asset amount for prior     | year (from Section B, line 8, Column A)         | 3  |                |                                |
| 4 Enter greater of line 2 or line 3  |   | 4  |                |                                |
| 5 Income tax imposed in prior year   |   | 5  |                |                                |
| 6 Distributable Amount. Subtract     | line 5 from line 4, unless subject to           |    |                |                                |
| emergency temporary reduction        |   | 6  |                | 1                              |

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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| Schedule A | (Form 990 or 990-EZ) 2 | 2015 | TORY | BURCH | FOUNDATION, | INC. |
|------------|------------------------|------|------|-------|-------------|------|
|            |                        |      |      |       |             |      |

| Pa       | t V   Type III Non-Functionally Integrated 50                | 9(a)(3) Supporting Org                 | anizations (continued)                 |   |
|----------|--|--|--|---|
| Sect     | on D - Distributions   |  |  | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish ex     | empt purposes                          |  |   |
| 2        | Amounts paid to perform activity that directly furthers exen | npt purposes of supported              |  |   |
|          | organizations, in excess of income from activity             |  |  |   |
| 3        | Administrative expenses paid to accomplish exempt purpo      |  |  |   |
| 4        | Amounts paid to acquire exempt-use assets                    |  |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)    | ·                                      |  |   |
| 6        | Other distributions (describe in Part VI). See instructions. |  | • ··· ··· ···                          |   |
| _7       | Total annual distributions. Add lines 1 through 6.           |  | ······                                 |   |
| 8        | Distributions to attentive supported organizations to which  | the organization is responsive         | Ð                                      |   |
|          | (provide details in Part VI). See instructions.              | ······································ | <b>.</b> .                             |   |
| 9        | Distributable amount for 2015 from Section C, line 6         |  |  |   |
| 10       | Line 8 amount divided by Line 9 amount                       | <u> </u>                               | · · ·                                  |   |
| Secti    | on E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions            | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| 1        | Distributable amount for 2015 from Section C, line 6         |  | -                                      |   |
| 2        | Underdistributions, if any, for years prior to 2015          |  |  |   |
|          | (reasonable cause required see instructions)                 |  |  |   |
| 3        | Excess distributions carryover, if any, to 2015:             |  |  |   |
| a        |  |  |  |   |
| b        |  |  |  |   |
| c        |  |  |  |   |
| <u>d</u> | From 2013  |  |  |   |
| е        | From 2014  |  |  |   |
| <u>f</u> | Total of lines 3a through e                                  |  |  |   |
| g        | Applied to underdistributions of prior years                 |  |  |   |
| h        | Applied to 2015 distributable amount                         |  |  |   |
| <u>i</u> | Carryover from 2010 not applied (see instructions)           |  |  |   |
| _i_      | Remainder. Subtract lines 3g, 3h, and 3i from 3f.            |  |  |   |
| 4        | Distributions for 2015 from Section D,                       |  |  |   |
|          | line 7: \$   |  |  |   |
| <u>a</u> | Applied to underdistributions of prior years                 |  |  |   |
| b        | Applied to 2015 distributable amount                         |  | · ·                                    |   |
| C        | Remainder. Subtract lines 4a and 4b from 4.                  |  |  |   |
| 5        | Remaining underdistributions for years prior to 2015, if     |  |  |   |
|          | any. Subtract lines 3g and 4a from line 2 (if amount         |  |  |   |
|          | greater than zero, see instructions).                        |  | · · · · · · · · · · · · · · · · · · ·  |   |
| 6        | Remaining underdistributions for 2015. Subtract lines 3h     |  |  |   |
|          | and 4b from line 1 (if amount greater than zero, see         |  |  |   |
|          | instructions).   |  |  |   |
| 7        | Excess distributions carryover to 2016. Add lines 3j         |  |  |   |
| 0        | and 4cBreakdown of line 7:                                   | <u></u>                                |  |   |
| 8        |  |  |  |   |
| <u>a</u> | 14 1010 Million 10 2 WA                                      |  |  |   |
| b        | Excess from 2013   |  |  |   |
|          | Excess from 2013   |  |  |   |
|          | Excess from 2015   | -                                      |  |   |
| -        |  |  |  |   |

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.170A-9(F)(3), THE TORY

BURCH FOUNDATION IS PUBLICLY SUPPORTED BECAUSE IT NORMALLY RECEIVES A

SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS, FROM

CONTRIBUTIONS MADE DIRECTLY OR INDIRECTLY BY THE GENERAL PUBLIC, OR FROM A

COMBINATION OF THESE SOURCES, THAT IS, ITS PUBLIC SUPPORT EXCEEDS 10% OF

ITS TOTAL SUPPORT, AND IT MEETS THE OTHER REQUIREMENTS OF PARAGRAPH

(F)(3). THE FOUNDATION ALSO MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM

FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC.

1. PERCENTAGE OF SUPPORT

THE TORY BURCH FOUNDATION'S PUBLIC SUPPORT PERCENTAGE IS 29.10%, WELL ABOVE THE 10% REQUIRED TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION.

2. SOURCES OF SUPPORT

THE FOUNDATION RECEIVED DONATIONS FROM MORE THAN 5,000 DIFFERENT DONORS OVER THE FIVE-YEAR MEASUREMENT PERIOD. THE FOUNDATION RELIES ON CONTRIBUTIONS, AND NOT ENDOWMENT FUNDS, TO SUPPORT ITS MISSION. IN

GENERAL, THESE DONORS WERE NOT RELATED TO EACH OTHER.

3. REPRESENTATIVE GOVERNING BODY

THE TORY BURCH FOUNDATION'S GOVERNING BODY - ITS BOARD OF DIRECTORS -

REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE PERSONAL OR

 PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS.
 BOARD MEMBERS INCLUDE

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 Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 TORY BURCH FOUNDATION, INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

CEOS, LAWYERS, PHILANTHROPISTS, CIVIC VOLUNTEERS, AND BUSINESS LEADERS ACROSS A WIDE VARIETY OF INDUSTRIES INCLUDING BANKING, EDUCATION, VENTURE CAPITAL, NOT-FOR-PROFIT FOUNDATIONS, MARKETING, AND FASHION. THE FOUNDATION'S BOARD THEREBY EMBODIES AND ESPOUSES AN EXTENSIVE CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITY. VIEWS AND INTERESTS OF THE COMMUNITY.

IN ADDITION, BOARD MEMBERS HAVE SPECIALIZED KNOWLEDGE AND EXPERTISE IN THE FIELD OF WOMEN'S ENTREPRENEURSHIP, AND ARE APTLY POSITIONED TO GOVERN AN ORGANIZATION THAT FOCUSES ON THE EMPOWERMENT OF WOMEN ENTREPRENEURS THROUGH ACCESS TO CAPITAL, ENTREPRENEURIAL EDUCATION, AND MENTORING AND NETWORKING OPPORTUNITIES. FOR EXAMPLE, VARIOUS BOARD MEMBERS ARE THEMSELVES ENTREPRENEURS, LEADERS IN BUSINESS AND FINANCE, AND/OR HOLD POSITIONS WITH OTHER ORGANIZATIONS THAT ALIGN WITH THE TENETS OF THE FOUNDATION, RESULTING IN A DEEP EXPERTISE IN THE FIELD OF WOMEN'S BOARD MEMBERS ARE REPRESENTED IN ORGANIZATIONS SUCH AS ENTREPRENEURSHIP. THE TRUSTEES COUNCIL OF PENN WOMEN, THE CENTER FOR WOMEN'S ENTREPRENEURIAL LEADERSHIP AT BABSON COLLEGE, THE INTERNATIONAL COUNCIL FOR SMALL BUSINESS, AND THE CENTER FOR WOMEN'S BUSINESS RESEARCH, AMONG MANY OTHERS. ABBREVIATED BOARD MEMBER BIOGRAPHIES FOLLOW BELOW:

TORY BURCH

 TORY BURCH IS CHAIRMAN, CEO AND DESIGNER OF TORY BURCH, AN AMERICAN

 SPORTSWEAR AND LIFESTYLE BRAND. AFTER GRADUATING FROM THE UNIVERSITY OF

 PENNSYLVANIA WITH A DEGREE IN ART HISTORY, SHE MOVED TO NEW YORK TO PURSUE

 A CAREER IN THE FASHION INDUSTRY. SHE WORKED IN PUBLIC RELATIONS AND

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

MARKETING FOR SEVERAL AMERICAN DESIGNERS, INCLUDING RALPH LAUREN, VERA

WANG AND NARCISO RODRIGUEZ AT LOEWE.

SHE LAUNCHED TORY BURCH IN 2004 WITH A SMALL BOUTIQUE ON ELIZABETH STREET IN MANHATTAN, AND SINCE THEN THE BRAND HAS GROWN INTO A GLOBAL BUSINESS WITH MORE THAN 150 FREESTANDING STORES IN CITIES FROM NEW YORK AND LOS ANGELES TO SHANGHAI, MILAN AND PARIS, AS WELL AS A PRESENCE IN MORE THAN 3,000 DEPARTMENT AND SPECIALTY STORES WORLDWIDE.

TORY HAS BEEN RECOGNIZED WITH NUMEROUS AWARDS, INCLUDING THE CFDA FOR ACCESSORY DESIGNER OF THE YEAR, GLAMOUR'S WOMEN OF THE YEAR, FORBES'S MOST POWERFUL WOMEN IN THE WORLD.

A DEDICATED PHILANTHROPIST, IN ADDITION TO LAUNCHING THE TORY BURCH FOUNDATION, SHE SERVES ON THE BOARDS OF THE COUNCIL OF FASHION DESIGNERS OF AMERICA, THE SOCIETY OF MEMORIAL SLOAN-KETTERING CANCER CENTER, THE BREAST CANCER RESEARCH FOUNDATION, THE BARNES FOUNDATION AND THE JAY H. BAKER RETAILING CENTER AT THE UNIVERSITY OF PENNSYLVANIA'S WHARTON SCHOOL, AND IS A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS. SHE IS ALSO AN INAUGURAL MEMBER OF THE PRESIDENTIAL AMBASSADORS FOR GLOBAL ENTREPRENEURSHIP.

HAYLEY BOESKY

HAYLEY IS VICE CHAIRMAN OF GLOBAL MARKETS AT BANK OF AMERICA MERRILL

LYNCH, WORKING ACROSS ALL LINES OF BUSINESS TO DEEPEN PARTNERSHIPS WITH

THE FIRM'S HIGHEST PRIORITY CLIENTS. SHE WAS PREVIOUSLY AT THE FEDERAL 532028 09-23-15 Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 TORY BURCH FOUNDATION, INC

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

RESERVE BANK OF NEW YORK IN THE MARKETS GROUP WHERE SHE SERVED AS VICE PRESIDENT AND DIRECTOR OF MARKET ANALYSIS. PRIOR TO JOINING THE FEDERAL RESERVE, HAYLEY WORKED AT MOORE CAPITAL MANAGEMENT AND SEPARATELY WAS CHIEF U.S. RATES STRATEGIST AT GOLDMAN SACHS. HAYLEY HOLDS A DOCTORATE IN ASTROPHYSICS FROM COLUMBIA UNIVERSITY AND STUDIED MATHEMATICS AND FRENCH AT THE UNIVERSITY OF PENNSYLVANIA. SHE IS ALSO ON THE TRUSTEES COUNCIL OF PENN WOMEN AND IS A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS.

SUSAN DUFFY

Part VI

SUSAN DUFFY IS THE EXECUTIVE DIRECTOR OF THE CENTER FOR WOMEN'S ENTREPRENEURIAL LEADERSHIP (CWEL) AT BABSON COLLEGE, A COLLABORATIVE LEARNING LABORATORY DEDICATED TO RESEARCHING, EDUCATING AND CELEBRATING WOMEN ENTREPRENEURIAL LEADERS. UNDER SUSAN'S LEADERSHIP, CWEL IS REDEFINING WOMEN'S ENTREPRENEURSHIP EDUCATION WITH PROGRAMS LIKE THE WIN LAB VENTURE ACCELERATOR AND THE CWEL SCHOLARS PROGRAM. CWEL ALSO ADVANCES GENDER ENLIGHTENMENT AS A GROWTH STRATEGY FOR INDIVIDUALS AND ORGANIZATIONS. SUSAN EARNED HER PH.D. FROM THE GEORGE WASHINGTON UNIVERSITY WHERE SHE FOUNDED THE WOMEN'S ENTREPRENEURIAL LEADERSHIP INITIATIVE, A PROGRAM RECOGNIZED AS THE 2006 NATIONAL MODEL SPECIALTY PROGRAM IN ENTREPRENEURSHIP EDUCATION. SUSAN SERVES ON THE BOARD OF THE INTERNATIONAL COUNCIL FOR SMALL BUSINESS AND THE CENTER FOR WOMEN'S BUSINESS RESEARCH.

YASMIN GREEN

 YASMIN GREEN IS THE HEAD OF RESEARCH AND DEVELOPMENT FOR JIGSAW, A

 532028 09-23-15
 Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

TECHNOLOGY INCUBATOR WITHIN ALPHABET INC. FOCUSED ON SOLVING GLOBAL SECURITY CHALLENGES THROUGH TECHNOLOGY. SHE OVERSEES THE TEAM'S RESEARCH AS WELL AS ITS WORK ON COUNTER-RADICALIZATION AND ONLINE HATE, HARASSMENT AND INTIMIDATION. YASMIN WAS PREVIOUSLY HEAD OF STRATEGY AND OPERATIONS FOR GOOGLE IDEAS, NOW JIGSAW. PRIOR TO JOINING GOOGLE, YASMIN CONSULTED FOR BOOZ ALLEN HAMILTON. SHE IS A SENIOR ADVISOR ON INNOVATION TO OXFORD ANALYTICA AND CO-CHAIR OF THE EUROPEAN COMMISSION'S' WORKING GROUP ON ONLINE RADICALIZATION. IN 2016, YASMIN WAS NAMED A WOMEN IN POWER FELLOW.

JAY HASS

JAY IS A PARTNER AT RRE VENTURES, WHERE HE IS RESPONSIBLE FOR BUSINESS STRATEGY AND OPERATIONAL FUNCTIONS INCLUDING INVESTOR RELATIONS, COMMUNICATIONS AND PRODUCT MANAGEMENT. PRIOR TO JOINING RRE, JAY SPENT 22 YEARS AT BROWN BROTHERS HARRIMAN. THERE HE ESTABLISHED THE ALTERNATIVE INVESTMENTS GROUP, LEADING EIGHT PRIVATE EQUITY, HEDGE FUND AND ASIAN EQUITY FUNDS-OF-FUNDS WITH PEAK ASSETS OF OVER \$1.3 BILLION AND APPROXIMATELY 1,300 INVESTORS. IN ADDITION, HE HAS BEEN AN ANGEL INVESTOR IN A NUMBER OF PRIVATELY HELD COMPANIES AND AS PRESIDENT OF THE CONSULTING FIRM GATEHOUSE INVESTORS, HE HAS ADVISED HIGH-NET-WORTH FAMILIES AND FINANCIAL SERVICES INSTITUTIONS ON INVESTMENT AND BUSINESS STRATEGIES. JAY IS ALSO DIRECTOR OF THE CHEETAH KOREA VALUE FUND AND IS A FORMER TRUSTEE OF THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA AND NATURAL LANDS TRUST.

ROBERT ISEN

532028 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ROBERT IS THE CHIEF LEGAL OFFICER AND PRESIDENT OF CORPORATE DEVELOPMENT AT TORY BURCH LLC. ROBERT BEGAN HIS CAREER AS A CORPORATE ATTORNEY IN WASHINGTON D.C. AND WENT ON TO WORK FOR A PHILADELPHIA-BASED FIRM. AFTER PRACTICING LAW, ROBERT PURSUED VARIOUS ENTREPRENEURIAL VENTURES AND HELD KEY OPERATING, INVESTOR AND ADVISORY ROLES IN SEVERAL COMPANIES. ROBERT HOLDS A B.A. IN PSYCHOLOGY FROM DUKE UNIVERSITY AND GRADUATED WITH A J.D. FROM BOSTON UNIVERSITY LAW SCHOOL. ROBERT IS A MEMBER OF YPO/WPO AND ON THE BOARD OF THE TABITHA SIMMONS FOUNDATION. ROBERT IS THE HALF-BROTHER OF TORY BURCH AND JAMES ROBINSON.

TRACEY KOZMETSKY

TRACEY HOLDS A B.A. FROM TEXAS CHRISTIAN UNIVERSITY AND BEGAN HER PROFESSIONAL CAREER AT WOMEN'S WEAR DAILY AND L'OREAL PROFESSIONAL. IN 1999, SHE STARTED HER OWN PUBLIC RELATIONS FIRM, ENGELKING KOZMETSKY COMMUNICATIONS, LLC. TRACEY HAS BEEN INVOLVED WITH THE RGK FOUNDATION FOR 19 YEARS. SHE IS THE 2015 BOARD CHAIR FOR THE DALLAS CHILDREN'S ADVOCACY CENTER AND SERVES ON THE BOARD OF DIRECTORS OF DALLAS CHILDREN'S MEDICAL CENTER. SHE IS ALSO A MEMBER OF THE CRYSTAL CHARITY BALL. AMONG NUMEROUS AWARDS, SHE RECEIVED THE NORTH STAR AWARD RANKING HER AMONG THE TOP TEN CIVIC VOLUNTEERS IN DALLAS.

SEE SCHEDULE O FOR CONTINUATION OF EXPLANATION

| Schedule B                       |
|----------------------------------|
| (Form 990, 990-EZ,<br>or 990-PF) |
| Department of the Treasury       |

Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

# 2015

| Name of the organization |  |   | Employer identification number   |
|--------------------------|--|---|--|
|                          | TORY   | BURCH FOUNDATION, INC.  | 26-3660127   |
| Organization             | type (check one):  |   |  |
| Filers of:               | Sec  | ction:  |  |
| Form 990 or              | 990-EZ X   | 501(c)( 3) (enter number) organization  |  |
|                          |  | 4947(a)(1) nonexempt charitable trust not treated as a private foundation   |  |
|                          |  | 527 political organization  |  |
| Form 990-PF              |  | 501(c)(3) exempt private foundation   |  |
|                          |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |
|                          |  | 501(c)(3) taxable private foundation  |  |
| General Rule             | an organization filin<br>perty) from any one                         | 3), or (10) organization can check boxes for both the General Rule and a Special F<br>g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir<br>contributor. Complete Parts I and II. See instructions for determining a contributo  | ng \$5,000 or more (in money or  |
| Special Rule             | s  |   |  |
| sect<br>any              | ions 509(a)(1) and <sup>-</sup><br>one contributor, du               | cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo<br>I70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16;<br>ring the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo<br>1. Complete Parts I and II.   | a, or 16b, and that received from  |
| year                     | , total contributions  | cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from<br>of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edu<br>y to children or animals. Complete Parts I, II, and III.   |  |
| year<br>is cl<br>purp    | r, contributions exc/<br>necked, enter here t<br>bose. Do not comple | cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from<br>usively for religious, charitable, etc., purposes, but no such contributions totaled in<br>he total contributions that were received during the year for an exclusively religious<br>ete any of the parts unless the <b>General Rule</b> applies to this organization because<br>and contributions totaling \$5,000 or more during the year | more than \$1,000. If this box<br>us, charitable, etc.,<br>it received <i>nonexclusively</i> |

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| Name    | of | orda                  | niza | tion |
|---------|----|-----------------------|------|------|
| 1141110 | •  | <b>A</b> . <b>H</b> . |      |      |

Employer identification number

26-3660127

## TORY BURCH FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)      | (b)  | (c)                 | (d)  |
|----------|--|---------------------|--|
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 1        | TORY BURCH LLC<br><u>11 WEST 19TH STREET, 7TH FLOOR</u><br><u>NEW YORK, NY 10011</u> | \$495,985.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 2        | FOSSIL PARTNERS LP<br>901 S CENTRAL EXPRESSWAY<br>RICHARDSON, TX 75080               | \$ <u>250,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 3        | THE ESTEE LAUDER COMPANIES INC.<br>767 FIFTH AVENUE<br>NEW YORK, NY 10153            | \$200,000.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 4        | ALL AMERICAN ENTERTAINMENT<br>5790 FAYETTEVILLE RD<br>DURHAM, NC 27713               | \$75,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 5        | BANK OF AMERICA<br>3400 PAWTUCKET AV<br>EAST PROVIDENCE, RI 02915                    | \$39,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| <u> </u> | SAMSUNG<br>105 CHALLENGER RD<br>RIDGEFIELD PARK, NJ 07660                            | \$50,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>990, 990-EZ, or 990-PF) (2015) |

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2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

| Name | of org | anizati | ON |
|------|--------|---------|----|
|------|--------|---------|----|

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Page 3 Employer identification number

26-3660127

#### TORY BURCH FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | \$   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |  | s  |                      |

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| rt III                | URCH FOUNDATION, INC.<br>Exclusively religious, charitable, etc., contri<br>the year from any one contributor. Complete co<br>completing Part III, enter the total of exclusively religious. | lumns (a) through (a) and the following | ection 501(c)(7), (8), or (10) that total more than \$1,000 $ $ line entry. For organizations $\mathbf{S}$ |  |  |  |
|-----------------------|--|---|--|--|--|--|
|                       | Use duplicate copies of Part III if additiona  | I space is needed.                      |  |  |  |  |
| ) No.<br>om<br>art I  | (b) Purpose of gift  | (c) Use of gift                         | (d) Description of how gift is held  |  |  |  |
|                       |  | (e) Transfer of gift                    |  |  |  |  |
|                       | Transferee's name, address, an   | d ZIP + 4                               | Relationship of transferor to transferee   |  |  |  |
| ) No.<br>rom<br>art I | (b) Purpose of gift  | (c) Use of gift                         | (d) Description of how gift is held  |  |  |  |
|                       | Transferee's name, address, an   | (e) Transfer of gift                    | Relationship of transferor to transferee   |  |  |  |
| ) No.<br>rom<br>art I | (b) Purpose of gift  | (c) Use of gift                         | (d) Description of how gift is held  |  |  |  |
| -                     | (e) Transfer of gift   |   |  |  |  |  |
|                       | Transferee's name, address, an   | d ZIP + 4                               | Relationship of transferor to transferee   |  |  |  |
| ) No.<br>rom<br>art l | (b) Purpose of gift  | (c) Use of gift                         | (d) Description of how gift is held  |  |  |  |
|                       |  | (e) Transfer of gift                    |  |  |  |  |
|                       | Transferee's name, address, an   |   | Relationship of transferor to transferee   |  |  |  |
| Ì                     |  |   | ······································   |  |  |  |

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| SCHEDU | LE D |
|--------|------|
|--------|------|

Department of the Treasury

(Form 990)

# Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Internal Revenue Service Employer identification number Name of the organization TORY BURCH FOUNDATION, INC. 26-3660127 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \_\_\_\_\_ > \$ \_ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015 532051 11-02-15

|          |  | RCH FOUNDA                            |            |                       |               |               |                | -366012           |          | age 2      |
|----------|--|---------------------------------------|------------|-----------------------|---------------|---------------|----------------|-------------------|----------|------------|
| Par      |  |                                       |            |                       |               |               |                |                   |          |            |
| 3        | Using the organization's acquisition, accessi  | on, and other record                  | ds, chec   | k any of the          | following the | at are a sig  | nificant use o | of its collectio  | n item   | s          |
|          | (check all that apply):  |                                       | . —        |                       |               |               |                |                   |          |            |
| а        | Public exhibition  | c                                     |            |                       | hange progr   |               |                |                   |          |            |
| b        | Scholarly research   | e                                     | • <u>[</u> | Other                 |               |               |                | <u> </u>          |          |            |
| c        | Preservation for future generations  |                                       |            | e                     |               |               |                |                   |          |            |
| 4        | Provide a description of the organization's co   |                                       |            |                       |               |               |                | n Part XIII.      |          |            |
|          | During the year, did the organization solicit o  |                                       |            |                       |               |               |                |                   | <u> </u> | ٦.,        |
|          | to be sold to raise funds rather than to be maintenant to |                                       |            |                       |               |               |                |                   |          | No         |
| Fai      | t IV Escrow and Custodial Arran<br>reported an amount on Form 990, Pa  |                                       |            | organizatio           | on answered   | "Yes" on F    | orm 990, Pa    | rt IV, line 9, oi | r        |            |
|          | Is the organization an agent, trustee, custod  | · · · · · · · · · · · · · · · · · · · | diany for  | contributio           | a ar athar a  | ooto not in   | oluded         | · · · · ·         |          |            |
| Ia       |  |                                       | -          |                       |               |               |                | 🗌 Yes             |          | No         |
| <b>F</b> | on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XIII   |                                       |            |                       | •••••         |               | ••••••         | Les               |          |            |
| U        |  | and complete the lo                   | nowing     | lable.                |               |               | []             | Amoun             | +        |            |
| •        | Reginning balance  |                                       |            |                       |               |               | 10             | Anioun            | L        |            |
|          | Additions during the year  |                                       |            |                       |               |               |                |                   |          |            |
|          | Additions during the year  |                                       |            |                       |               |               |                |                   |          |            |
|          | Ending balance   |                                       |            |                       |               |               |                |                   |          |            |
|          | Did the organization include an amount on F  |                                       |            |                       |               |               |                | Yes               |          | No         |
|          | If "Yes," explain the arrangement in Part XIII.  |                                       |            |                       |               | -             | y              | (] 163            |          | 1          |
| Par      |  |                                       |            |                       |               |               | ).             |                   |          | <u> </u>   |
|          |  | (a) Current year                      |            | rior year             | T             |               |                | back (e) Four     | r vears  | back       |
| 1a       | Beginning of year balance  |                                       | <u> </u>   |                       | <u>(0) :</u>  |               | <u></u>        |                   | 700.0    |            |
|          | Contributions  |                                       |            | <b></b> .             |               |               |                |                   |          |            |
|          | Net investment earnings, gains, and losses   |                                       |            |                       |               |               |                |                   |          |            |
|          | Grants or scholarships   |                                       |            |                       |               |               |                |                   |          |            |
|          | Other expenditures for facilities  |                                       |            |                       | +             |               |                |                   |          |            |
| •        | and programs   |                                       |            |                       |               |               |                |                   |          |            |
| f        | Administrative expenses  | · · ·                                 |            |                       |               |               |                |                   |          |            |
|          | End of year balance  |                                       |            |                       |               |               |                |                   |          |            |
|          | Provide the estimated percentage of the cur  |                                       | e (line 1  | g, column (           | a)) held as:  |               |                |                   |          |            |
| а        | Board designated or quasi-endowment  |                                       | %          | • •                   |               |               |                |                   |          |            |
| ь        | Permanent endowment  | %                                     |            |                       |               |               |                |                   |          |            |
| с        | Temporarily restricted endowment   | %                                     |            |                       |               |               |                |                   |          |            |
|          | The percentages on lines 2a, 2b, and 2c sho  | uld equal 100%.                       |            |                       |               |               |                |                   |          |            |
| 3a       | Are there endowment funds not in the posse   | ssion of the organiz                  | ation th   | at are held a         | and administe | ered for the  | e organizatio  | ٦                 |          |            |
|          | by:  |                                       |            |                       |               |               |                |                   | Yes      | No         |
|          | (i) unrelated organizations  |                                       |            |                       |               |               |                |                   |          |            |
|          | (ii) related organizations   |                                       |            |                       |               |               |                |                   |          |            |
| ь        | If "Yes" on line 3a(ii), are the related organization  | tions listed as requi                 | red on S   | Schedule R?           | •             |               |                | 3Ь                |          |            |
|          | Describe in Part XIII the intended uses of the   |                                       | owment     | funds                 |               |               |                |                   |          |            |
| Par      | t VI _ Land, Buildings, and Equipm   |                                       |            |                       |               |               |                |                   |          |            |
|          | Complete if the organization answere   | d "Yes" on Form 99                    | 0, Part IV | V, line 11a. (        | See Form 99   | 0, Part X, li | ne 10.         |                   |          |            |
|          | Description of property  | (a) Cost or c                         |            | (b) Cos               | t or other    |               | cumulated      | (d) 800           | k value  | e          |
|          |  | basis (investr                        | ment)      | basis                 | (other)       | depr          | eciation       | <u> </u>          |          |            |
|          | Land   |                                       |            | <u> </u>              |               | . <u></u> .   |                |                   |          |            |
|          | Buildings  |                                       |            | ·                     |               |               |                |                   |          |            |
|          | Leasehold improvements   |                                       |            | <u> </u>              |               | <u> </u>      |                | <b></b>           |          |            |
|          | Equipment  |                                       |            | <b></b>               |               | ļ             |                |                   |          |            |
|          | Other ,  |                                       |            |                       |               |               |                | ļ                 |          |            |
| Total    | . Add lines 1a through 1e. (Column (d) must e  | qual Form 990, Part                   | X, colur   | m <u>n (B), lin</u> e | 10c.)         |               | <b>)</b>       | <u> </u>          | <u>.</u> | <u>0</u> . |
|          |  |                                       |            |                       |               |               | Scho           | edule D (Forn     | n 990)   | 2015       |

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TORY BURCH FOUNDATION, INC.

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E) .  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  | _              |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                | l   |

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                | · · · · · · · · · · · · · · · · · · ·                     |
|  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  | •              |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) |                |

#### Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1.        | (a) Description of liability                               | (b) Book value |
|-----------|--|----------------|
| (1)       | Federal income taxes                                       |                |
| (2)       | ADVANCE OF EXPENSES  | 67,062.        |
| (3)       |  |                |
| (4)       |  |                |
| (5)       |  |                |
| (6)       |  |                |
| (7)       |  |                |
| (8)       |  |                |
| (9)       |  |                |
| Total. (0 | Column (b) must equal Form 990, Part X, col. (B) line 25.) | 67,062.        |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

#### Schedule D (Form 990) 2015

532053 09-21-15

| Sche | edule D (Form 990) 2015 TORY BURCH FOUNDATION,                                  | INC.      |                  | 26-    | 3660127        | Page <b>4</b> |
|------|---|-----------|------------------|--------|----------------|---------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Stat                      | ements Wi | th Revenue per   | Returr | <u></u>        |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          | e 12a.    |                  |        |                |               |
| 1    | Total revenue, gains, and other support per audited financial statements        |           |                  | 1      | 2,705,         | 297.          |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |           |                  |        | •              |               |
| а    | Net unrealized gains (losses) on investments                                    | 2a        | -19,475          |        |                |               |
| b    | Donated services and use of facilities  | _2b       | 1,562,350        | •      |                |               |
| с    | Recoveries of prior year grants   |           |                  |        |                |               |
| d    | Other (Describe in Part XIII.)  | 2d        |                  |        |                |               |
| e    | Add lines 2a through 2d   |           |                  | 2e     | 1,542,         | 875.          |
| З    | Subtract line 2e from line 1  |           |                  |        | 1,162,         |               |
| 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.)  | 46        |                  | _      |                |               |
| с    | Add lines 4a and 4b   |           |                  |        |                | 0.            |
| _5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |           |                  |        | <u>1,162</u>   | 422.          |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Sta                     |           | ith Expenses pe  | r Retu | rn.            |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          | ∋12a.     |                  |        |                |               |
| 1    | Total expenses and losses per audited financial statements                      |           |                  | 1      | <u>2,039</u>   | <u>571.</u>   |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:               |           |                  |        |                |               |
| а    | Donated services and use of facilities  | 2a        | <u>1,562,350</u> | •      |                |               |
| b    | Prior year adjustments  | 2b        |                  |        |                |               |
| С    | Other losses  | 20        |                  |        |                |               |
| d    | Other (Describe in Part XIII.)  | 2d        |                  |        |                |               |
| е    | Add lines 2a through 2d   |           |                  | 2e_    | <u>1,562</u> , |               |
| 3    | Subtract line 2e from line 1  |           |                  | 3      | 477,           | 221.          |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:              |           |                  |        |                |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a        |                  |        |                |               |
| b    | Other (Describe in Part XIII.)  | 4b        |                  |        |                |               |
| c    | Add lines 4a and 4b   |           |                  | 4c     |                | <u>0.</u>     |
| _5   | Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18. | .)        |                  | 5      | 477            | 221.          |
| Pa   | rt 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.

PART X, LINE 2:

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| TORY BURCH FOUNDATION, INC. IS A TAX-EXEMPT ORGANIZATION UNDER SECTION     |
|--|
| 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT SUBJECT TO |
| FEDERAL OR STATE INCOME TAXES. TEF ADOPTED THE ACCOUNTING PRONOUNCEMENT    |
| RELATED TO INCOME TAXES WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED   |
| OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES  |
| TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TBF DOES NOT   |
| BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.      |
|  |

532054 09-21-15

Schedule D (Form 990) 2015

07310808 791240 220650

2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury  | GC<br>Comp                                     | Grants and Oth<br>Vernments, ar<br>lete if the organizatio | nd Individua<br>on answered "Yes<br>Attach to For | I <b>s in the Ŭn</b><br>" on Form 990, Pa<br>m 990. | ited States<br>rt IV, line 21 or 22.                           |  | OMB No. 1545-0047<br><b>2015</b><br>Open to Public |
|---|--|--|---|---|--|--|--|
| Internal Revenue Service  | Informat                                       | ion about Schedule [                                       | (Form 990) and it                                 | s instructions is a                                 | t www.irs.gov/form99   | <u>0</u> .                             | Inspection   |
| Name of the organization<br>TORY BURC   | H FOUNDAI                                      | NON, INC.  |   |   |  |  | Employer identification number 26-3660127          |
| Part I General Information on Grants a  |  |  |   |   |  |  |  |
| Does the organization maintain records<br>criteria used to award the grants or assi     Describe in Part IV the organization's pro-<br>Part II Grants and Other Assistance to | stance?<br>ocedures for moni<br>Domestic Organ | toring the use of grant<br>izations and Domesti            | t funds in the Unite<br>ic Governments. (         | d States.<br>Complete if the org                    |  |  |  |
| recipient that received more than<br>1 (a) Name and address of organization<br>or government  | (b) EIN  | (c) IRC section<br>(c) IRC section<br>if applicable        | (d) Amount of<br>cash grant                       | ded.<br>(e) Amount of<br>non-cash<br>assistance     | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance              |
|   | ·<br>·   |  |   |   |  |  |  |
|   |  |  |   |   |  |  |  |
| <ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>           | <u>s listed in the line</u>                    | 1 table  | ne line 1 table                                   |   |  |  | Schedule I (Form 990) (2015)                       |

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Schedule I (Form 990) (2015)

TORY BURCH FOUNDATION, INC.

26-3660127

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|--|--|
|                                 |                          |                          |                                       |  |  |
| EDUCATIONAL GRANTS              | 10                       | 100,000,                 | 0.                                    |  | ·                                      |
|                                 |                          |                          |                                       |  |  |
| ·                               |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |

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

PART I, LINE 2:

FOUNDATION REPRESENTATIVES REGULARLY MONITOR GRANT USAGE THROUGH AN ONLINE

PORTAL THAT CAPTURES ALL TRANSACTIONS AND BY MEETING OR CORRESPONDING WITH

DONEE PERSONNEL TO DISCUSS THE RECIPIENT'S PROGRESS TOWARDS BUSINESS AND

EDUCATIONAL GOALS ON AT LEAST AN ANNUAL BASIS.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule\_O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number 26-3660127

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TORY BURCH FOUNDATION, INC.

BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND DIGITAL RESOURCES.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT ISEN (TREASURER) IS THE HALF BROTHER OF TORY BURCH (PRESIDENT) AND

JAMES ROBINSON (SECRETARY).

FORM 990, PART VI, SECTION B, LINE 11:

EACH MEMBER OF THE BOARD REVIEWS THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO DOCUMENT COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE BY

CONTACTING THE ORGANIZATION'S OFFICES AT WHICH TIME APPROPRIATE ACCESS WILL BE PROVIDED.

FORM 990, PART XII, LINE 2C

FINANCIAL STATEMENTS ARE SENT TO BOARD MEMBERS DIRECTLY ON A QUARTERLY

BASIS FROM ACCOUNTANTS THEN REVIEWED AND DISCUSSED IF NEEDED AT

SUBSEQUENT BOARD MEETINGS. YEAR END FINANCIAL STATEMENTS ARE SENT TO

THE BOARD AND APPROVED BEFORE ISSUANCE, ANY QUESTIONS ARE DIRECTED TO

THE AUDITORS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

| Schedule O (Form 990 or 990-EZ) (2015)               | Page 2                         |
|--|--------------------------------|
| Name of the organization TORY BURCH FOUNDATION, INC. | Employer identification number |
| FORM 990, PART VII                                   |                                |

TORY BURCH, PRESIDENT, HAS AN OWNERSHIP INTEREST IN TORY BURCH LLC.

FORM 990, PART VII

THE EXECUTIVE DIRECTOR OF TORY BURCH FOUNDATION, INC. IS AN EMPLOYEE OF

TORY BURCH LLC. HER TIME IS DONATED BY TORY BURCH LLC.

FORM 990, SCHEDULE A, PART II, LINE 17A (CONTINUED)

DINA POWELL

DINA IS THE HEAD OF GOLDMAN SACHS BANK USA'S URBAN INVESTMENT GROUP, GLOBAL HEAD OF THE OFFICE OF CORPORATE ENGAGEMENT AND PRESIDENT OF THE GOLDMAN SACHS FOUNDATION. DINA JOINED GOLDMAN SACHS AS A MANAGING DIRECTOR IN 2007 AND WAS NAMED PARTNER IN 2010. PRIOR TO JOINING GOLDMAN SACHS, DINA SERVED AS ASSISTANT SECRETARY OF STATE FOR EDUCATIONAL AND CULTURAL AFFAIRS, AS DEPUTY UNDERSECRETARY OF STATE FOR PUBLIC DIPLOMACY AND PUBLIC AFFAIRS AND AS ASSISTANT TO THE PRESIDENT FOR PRESIDENTIAL PERSONNEL IN THE WHITE HOUSE. DINA SERVES ON THE BOARD OF THE HARVARD BUSINESS SCHOOL SOCIAL ENTERPRISE INITIATIVE, THE AMERICAN UNIVERSITY IN CAIRO, THE CENTER FOR GLOBAL DEVELOPMENT AND THE NIGHTINGALE-BAMFORD SCHOOL. SHE IS A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS.

JAMES ROBINSON

JAMIE IS THE MANAGING DIRECTOR OF ALLIANCE MARKETING PARTNERS, A SPORTS

MARKETING FIRM. LAUNCHING HIS CAREER AS A CERTIFIED NFL AGENT, JAMIE

HAS NEGOTIATED SPORTS AND ENTERTAINMENT MERCHANDISING, LICENSING AND 5322 12 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

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07310808 791240 220650 2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

| Schedule O (Form 990 or 990 EZ) (2015)                     | Page 2                                    |
|--|---|
| Name of the organization<br>TORY BURCH FOUNDATION, INC.    | Employer identification number 26-3660127 |
| SPONSORSHIP AGREEMENTS TOTALING IN EXCESS OF \$150 MILLION | . HE HAS ALSO                             |
| CREATED MARKETING CAMPAIGNS ON BEHALF OF A NUMBER OF THE   | NATION'S                                  |
| LEADING BRANDS INCLUDING HALLMARK CARDS, GAP, MCDONALD'S,  | COCA-COLA,                                |
| RAWLINGS SPORTING GOODS AND DUNKIN' DONUTS. JAMIE IS A BO  | ARD MEMBER OF                             |
| THE POLICE ATHLETIC LEAGUE, THE MARKS COLORECTAL SURGICAL  | FOUNDATION,                               |
| ASHLEY'S ANGELS AND THE STREETSAFE DRIVING ACADEMY. HE IS  | A GRADUATE OF                             |
| GEORGETOWN UNIVERSITY. JAMES IS THE BROTHER OF TORY BURCH  | •   |
|  |   |
| JAMIE TISCH  |   |
| ·····  |   |
| JAMIE IS AN ENTREPRENEUR AND PHILANTHROPIST. IN 2008, SHE  | CO-FOUNDED                                |
| FASHIONOLOGY LA, A CHILDREN'S CLOTHING STORE IN LOS ANGEL  | ES. IN 2003,                              |
| SHE CO-FOUNDED THE ENTERTAINMENT INDUSTRY'S WOMEN'S CANCE  | R RESEARCH                                |
| FUND. THE WOMEN'S CANCER RESEARCH FUND WAS CREATED TO SUP  | PORT                                      |
| INNOVATIVE RESEARCH, EDUCATION AND OUTREACH DIRECTED TOWA  | RD THE EARLY                              |
| DIAGNOSIS, TREATMENT AND PREVENTION OF ALL WOMEN'S CANCER  | s   |
|  |   |
| 4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC   | PARTICIPATION                             |
| IN PROGRAM OR POLICIES:                                    |   |
| THE TORY BURCH FOUNDATION RUNS NATION-WIDE PUBLIC PROGRAM  | S EMPOWERING                              |

WOMEN ENTREPRENEURS. THE PROGRAMS AND INITIATIVES ARE AS FOLLOWS:

ACCESS TO AFFORDABLE CAPITAL PROGRAM

THE TORY BURCH FOUNDATION CAPITAL PROGRAM POWERED BY BANK OF AMERICA

PROVIDES WOMEN ENTREPRENEURS IN THE UNITED STATES THE OPPORTUNITY TO

ACCESS AFFORDABLE LOANS THROUGH COMMUNITY DEVELOPMENT FINANCIAL

INSTITUTIONS (CDFIS). (THE PROGRAM WAS ORIGINALLY KNOWN AS "ELIZABETH 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

07310808 791240 220650 2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

| Schedule O (Form 990 or 990 EZ) (2015)<br>Name of the organization<br>TORY BURCH FOUNDATION, INC. | Page 2<br>Employer identification number<br>26-3660127 |
|---|--|
| STREET CAPITAL".) THE LOANS ARE MADE TO WOMEN ENTREPRENEU   | RS OPERATING   |
| EARLY STAGE VENTURES IN ALL INDUSTRIES.   |  |
| EDUCATION   |  |
| IN PARTNERSHIP WITH GOLDMAN SACHS 10,000 SMALL BUSINESSES   | AND BABSON   |
| COLLEGE, THE TORY BURCH FOUNDATION PROVIDES SPECIALIZED,  | PRACTICAL  |
| BUSINESS EDUCATION FOR WOMEN ENTREPRENEURS. THE CURRICULU   | M IS DESIGNED  |
| TO PROVIDE ENTREPRENEURS WITH TOOLS AND SUPPORT TO PRACTI   | CE NEGOTIATION   |
| SKILLS, FINANCIAL, MARKETING AND EMPLOYEE MANAGEMENT. DUR   | ING  |
| THREE-MONTH COURSES, STUDENTS ATTEND CLASSES AND RECEIVE  | WEEKLY   |
| ONE-ON-ONE BUSINESS ADVISING TO DEVELOP A STRATEGIC AND T   | AILORED PLAN   |
| FOR BUSINESS GROWTH. THE PROGRAM EXISTS ON THE GROUND IN  | 13 REGIONS AND   |
| THERE IS NOW ALSO A NATIONAL PROGRAM THAT INCLUDES ONLINE   | AND IN-PERSON  |
| SESSIONS.   |  |
| FELLOWS PROGRAM   | ······································                 |
| THE TORY BURCH FOUNDATION FELLOWS PROGRAM IS A NATIONAL P   | ROGRAM FOR   |
| WOMEN ENTREPRENEURS, WOMEN ENTREPRENEURS, FROM ACROSS THE   | UNITED   |
| STATES, SUBMIT APPLICATIONS ONLINE. TEN ENTREPRENEURS ARE   | SELECTED   |
| ANNUALLY. EACH FELLOW RECEIVES A GRANT FOR BUSINESS EDUCA   | TION,  |
| PARTICIPATES IN EDUCATIONAL WORKSHOPS TAUGHT BY INDUSTRY  | EXPERTS OVER   |
| 3-DAYS HOSTED BY THE FOUNDATION IN NEW YORK, AND IS PROVI   | DED WITH   |
| MENTORING AND GUIDANCE DURING THE ONE-YEAR PROGRAM.   |  |

NETWORKING AND MENTORING EVENTS

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

| -<br>Schedule O (Form 990 or 990-EZ) (2015)                | Page 2                                    |
|--|---|
| Name of the organization<br>TORY BURCH FOUNDATION, INC.    | Employer identification number 26-3660127 |
| THE FOUNDATION ALSO HOSTS MENTORING EVENTS FOR WOMEN ENTRY | EPRENEURS TO                              |
| PROVIDE INFORMATION AND INSPIRATION AND TO CREATE PEER NET | FWORKS.                                   |
| THROUGH "WOMEN RULE", A PARTNERSHIP WITH POLITICO AND GOOD | GLE, THE                                  |
| FOUNDATION HAS HELD A SERIES OF EVENTS EXPLORING HOW WOMEN | N ARE LEADING                             |
| CHANGE IN POLITICS, POLICY AND THEIR COMMUNITIES.          |   |
| DIGITAL  |   |
| THE TORY BURCH FOUNDATION WEBSITE IS A DIGITAL RESOURCE HU | JB WITH RICH                              |
| AND REGULAR CONTENT FOR ENTREPRENEURS. THERE ARE SCORES (  | OF ORIGINAL                               |
| ARTICLES ADDRESSING FINANCE, MARKETING, OPERATIONS AND MOD | RE; INTERVIEWS                            |
| WITH SUCCESSFUL BUSINESS PEOPLE; AND TOOLS, SUCH AS A BUS  | INESS PLAN                                |
| BUILDER. THERE IS ALSO A DONATION PORTAL FOR THE PUBLIC    |   |
| WWW.TORYBURCHFOUNDATION.ORG                                |   |
|  |   |
|  |   |
|  |   |
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|  | <u> </u>                                  |
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|  | · · · ·                                   |
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532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

07310808 791240 220650 2015.06000 TORY BURCH FOUNDATION, INC. 220650\_2

## FINANCIAL STATEMENTS

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FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

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## FINANCIAL STATEMENTS

## FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

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Certified Public Accountants

675 Third Avenue New York, New York 10017 Telephone 212/972-7500 Fax 212/972-7050 www.elliothorowitz.com

August 3, 2017



Elliot Horowitz & Company, LLP

To the Board of Directors Tory Burch Foundation, Inc. New York, New York

### **INDEPENDENT AUDITOR'S REPORT**

We have audited the accompanying financial statements of Tory Burch Foundation, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2016 and 2015, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Tory Burch Foundation, Inc. as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Elliot Horowitz & Company, LLP

## STATEMENTS OF FINANCIAL POSITION SEPTEMBER 30, 2016 AND 2015

|   | 2016         | 2015         |
|---|--------------|--------------|
| ASSETS                                    |              |              |
| Cash and cash equivalents                 | \$ 3,062,144 | \$ 4,774,495 |
| Restricted cash                           | 82,820       |              |
| Marketable investment securities          | 2,461,525    |              |
| Contributions receivable, net             | 277,560      | 466,158      |
| Other receivable                          | 10,000       |              |
| Prepaid expenses and other current assets | 2,977        |              |
| TOTAL ASSETS                              | \$ 5,897,026 | \$ 5,240,653 |
| LIABILITIES AND NET AS                    | SSETS        |              |
| LIABILITIES                               |              |              |
| Accounts payable and accrued expenses     | \$ 9,159     | \$ 75,810    |
| Other liabilities                         | 67,062       | 67,062       |
| Grants payable                            | 82,820       | 25,522       |
| TOTAL LIABILITIES                         | 159,041      | 168,394      |
| NET ASSETS                                |              |              |
| Unrestricted                              | 5,460,425    | 4,606,101    |
| Temporarily restricted                    | 277,560      | 466,158      |
| TOTAL NET ASSETS                          | 5,737,985    | 5,072,259    |
| TOTAL LIABILITIES AND NET ASSETS          | \$ 5,897,026 | \$ 5,240,653 |

### ASSETS

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## STATEMENTS OF ACTIVITIES YEARS ENDED SEPTEMBER 30, 2016 AND 2015

|   | 2016        | 2015        |
|---|-------------|-------------|
| CHANGES IN UNRESTRICTED NET ASSETS              |             |             |
| Revenues and other support                      |             |             |
| Contributions                                   | \$ 857,731  | \$1,921,782 |
| Donated services                                | 1,562,350   | 935,835     |
| Investment income                               | 12,656      | 11,730      |
| Net assets released from restriction            | 461,158     | 559,783     |
| TOTAL UNRESTRICTED REVENUES                     |             |             |
| AND OTHER SUPPORT                               | 2,893,895   | 3,429,130   |
| EXPENSES  |             |             |
| Program services                                | 1,546,267   | 946,631     |
| General and administrative                      | 370,174     | 242,372     |
| Fundraising                                     | 123,130     | 93,031      |
| TOTAL EXPENSES                                  | 2,039,571   | 1,282,034   |
| INCREASE IN UNRESTRICTED                        |             | -           |
| NET ASSETS                                      | 854,324     | 2,147,096   |
| CHANGES IN TEMPORARILY RESTRICTED<br>NET ASSETS |             |             |
| Temporarily restricted revenue and support      |             |             |
| Contributions                                   | 272,560     | 466,158     |
| Net assets released from restriction            | (461,158)   | (559,783)   |
| DECREASE IN TEMPORARILY                         |             |             |
| RESTRICTED NET ASSETS                           | (188,598)   | (93,625)    |
| INCREASE IN NET ASSETS                          | 665,726     | 2,053,471   |
| NET ASSETS, BEGINNING OF YEAR                   | 5,072,259   | 3,018,788   |
| NET ASSETS, END OF YEAR                         | \$5,737,985 | \$5,072,259 |

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### STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDED SEPTEMBER 30, 2016 AND 2015

|                              | . 2016              |                                  |             |             | 2015                |                                  |                 |             |
|------------------------------|---------------------|----------------------------------|-------------|-------------|---------------------|----------------------------------|-----------------|-------------|
|                              | Program<br>Services | General<br>and<br>Administrative | Fundraising | Total       | Program<br>Services | General<br>and<br>Administrative | Fundraising     | Total       |
| Donated management           |                     |                                  | 8           |             |                     |                                  |                 |             |
| services                     | \$1,171,763         | \$312,470                        | \$ 78,117   | \$1,562,350 | \$701,877           | \$187,166                        | \$46,792        | \$ 935,835  |
| Mentoring events             | 135,834             | <i>+,</i>                        | 33,499      | 169,333     | 47,130              | <b>.</b> ,                       | 0.00,002        | 47,130      |
| Grants                       | 100,000             |                                  |             | 100,000     | 66,600              |                                  |                 | 66,600      |
| Advertising and promotion    | 75,771              |                                  |             | 75,771      | 7,927               |                                  |                 | 7,927       |
| Professional fees            | 11,514              | 38,889                           | 11,514      | 61,917      | 8,001               | 31,812                           | 8,000           | 47,813      |
| Office supplies and expenses |                     | 175                              |             | 20,887      | 27,642              | 116                              |                 | 27,758      |
| Consulting fees              |                     | 17,500                           |             | 17,500      | 13,639              | 15,353                           | 13,000          | 41,992      |
| Insurance                    | 13,011              |                                  |             | 13,011      | 4,616               | 1,568                            | 5,392           | 11,576      |
| Travel                       | 9,094               |                                  |             | 9,094       | 16,652              | 5,654                            | 19,452          | 41,758      |
| Production costs             | 8,568               |                                  |             | 8,568       | 12,199              |                                  |                 | 12,199      |
| Filing fees                  |                     | 1,140                            |             | 1,140       |                     | 390                              |                 | 390         |
| Event vendor fees            |                     |                                  |             |             | 40,273              |                                  |                 | 40,273      |
| Food and refreshments        |                     |                                  |             |             |                     |                                  | 395             | 395         |
| Miscellaneous                |                     |                                  |             |             | 75                  | 313                              |                 | 388         |
|                              | \$1,546,267         | \$370,174                        | \$123,130   | \$2,039,571 | \$946,631           | \$242,372                        | <u>\$93,031</u> | \$1,282,034 |

## STATEMENTS OF CASH FLOWS YEARS ENDED SEPTEMBER 30, 2016 AND 2015

|  | 2016         | 2015         |
|--|--------------|--------------|
|  |              |              |
| CASH FLOWS FROM OPERATING ACTIVITIES               | \$ 665,726   | \$2,053,471  |
| Increase in net assets                             | \$ 665,726   | \$2,035,471  |
| Adjustments to reconcile increase in net assets to |              |              |
| net cash provided by operating activities          |              |              |
| Change in unrealized depreciation of               | 10.455       |              |
| marketable investment securities                   | 19,475       |              |
| Increase (decrease) in cash flows from:            |              |              |
| Contributions receivable, net                      | 188,598      | 93,625       |
| Other receivable                                   | (10,000)     |              |
| Prepaid expenses and other current assets          | (2,977)      | 100          |
| Accounts payable and accrued expenses              | (66,651)     | (1,356)      |
| Grants payable                                     | 57,298       | (150,000)    |
| NET CASH PROVIDED BY                               |              |              |
| <b>OPERATING ACTIVITIES</b>                        | 851,469      | 1,995,840    |
| CASH FLOWS FROM INVESTING ACTIVITIES               |              |              |
| Purchases of marketable investment securities      | (2,481,000)  |              |
| Increase in restricted cash                        | (82,820)     |              |
| NET CASH USED IN                                   |              |              |
| INVESTING ACTIVITIES                               | (2 563 820)  |              |
| INVESTING ACTIVITIES                               | (2,563,820)  |              |
| (DECREASE) INCREASE IN CASH                        | (1,712,351)  | 1,995,840    |
| CASH AND CASH EQUIVALENTS,                         |              |              |
| BEGINNING OF YEAR                                  | 4,774,495    | 2,778,655    |
| CASH AND CASH EQUIVALENTS,                         |              |              |
| END OF YEAR  | \$ 3 063 144 | \$ 4,774,495 |
| END OF IEAK  | \$3,062,144  | 04,//4,490   |

### NOTES TO FINANCIAL STATEMENTS

### 1. ORGANIZATION AND NATURE OF ACTIVITIES

Tory Burch Foundation, Inc. (TBF) is a not-for-profit corporation formed in October 2008 to empower women entrepreneurs in the United States of America by providing access to capital, education and digital resources. Women entrepreneurs face significant barriers to accessing capital and growing their businesses. Our programs level the playing field for women entrepreneurs.

The Tory Burch Foundation Capital Program, powered by Bank of America, provides access to loans through local Community Development Financial Institutions for early-stage women entrepreneurs in all industries.

In partnership with Goldman Sachs 10,000 Small Businesses and Babson College, Tory Burch Foundation provides specialized, practical business education for early-stage women entrepreneurs. During three-month courses, students attend classes and receive weekly one-on-one business advising to develop a strategic and tailored plan for business growth. The program is provided in 13 regions across the country, including a national program that provides online and in-person sessions.

The Tory Burch Foundation Fellows Program is a national program that invites earlystage women entrepreneurs across the United States to apply to become one of ten Tory Burch Foundation Fellows. This program has three core objectives: Business Growth; Business Sustainability and the Empowerment of Women Entrepreneurs. Each Fellow receives a \$10,000 grant for business education, participates in educational workshops taught by industry experts over 3-days hosted by the Foundation in New York, and is provided with mentoring and guidance during the one-year program. The workshop culminates with a pitch competition, with a grand prize provided by Tory Burch LLC of \$100,000 dollars.

The Tory Burch Foundation website is a digital resource hub with rich and regular content for all women entrepreneurs on the world-wide-web. There are scores of original articles addressing finance, marketing, operations and more; interviews with successful business people; and tools, such as a business plan builder.

Tory Burch Foundation also hosts mentoring events for women-owned businesses, which bring together CEOs and top business leaders with expertise in a variety of industries with women entrepreneurs to exchange information and provide inspiration and create networks to support these businesses. A particular series of these events is entitled "Women Rule" and produced in partnership with Politco and Google.

### NOTES TO FINANCIAL STATEMENTS

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

### Net Assets

The classification of TBF's net assets and its revenue and other support and expenses is based on the existence or absence of donor imposed restrictions. It requires that the amounts for each of the classes, be displayed in a statement of financial position and that the amounts of change in each of those classes of net assets be displayed in the statement of activities. Accordingly, net assets and changes therein are classified and reported as follows:

### Unrestricted

Net assets that are either not subject to donor-imposed stipulations, or have been reclassified from temporarily restricted net assets because donor restrictions have either expired or been met.

### Temporarily Restricted

Net assets that carry donor-imposed restrictions that expire upon passage of time or upon occurrence of a stated event as specified by the donor. Net assets released from restrictions represent the satisfaction for the restricted purpose or the passage of time.

### Functional Allocation of Expenses

The cost of providing TBF's programs and supporting services has been summarized on an individual basis in the accompanying statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited in ratios determined by management.

### NOTES TO FINANCIAL STATEMENTS

### Cash and Cash Equivalents

TBF classifies money market funds and short-term investments, including certificates of deposit, with an original or remaining term when purchased of less than 90 days, as cash equivalents.

### Restricted Cash

Restricted cash consists of amounts which are restricted to use by grantees. During the year ended September 30, 2016, TBF made ten grants of \$10,000 each. As of September 30, 2016, \$82,820 of these grants has yet to be disbursed.

### Certificates of Deposit

Investments in certificates of deposit are stated at fair value. Realized and unrealized gains and losses are included in the statements of activities.

#### Investment Impairment

TBF's investments consist of certificates of deposit. As of September 30, 2016, TBF has deemed that all certificates of deposit, which were in an unrealized loss position to be temporarily impaired. Positive evidence considered in reaching TBF's conclusion that the investments in an unrealized loss position are not other-than-temporarily impaired consisted of:

- i) There were no specific events which caused concerns;
- ii) TBF's ability and intent to retain the investment for a sufficient amount of time to allow an anticipated recovery in value; and
- iii) TBF also determined that the changes in market value were considered normal in relation to overall fluctuations in market conditions.

#### Revenue Recognition

Contributions are recorded as revenue upon the receipt of cash, gift or unconditional pledge. Contributions received are recorded as available for unrestricted use, unless specifically restricted by the donor in which case they are classified as temporarily restricted. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

### NOTES TO FINANCIAL STATEMENTS

### Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at estimated net realizable value. Unconditional promises to give that are expected to be collected beyond one year are recorded at the present value of estimated future cash flows. The discounts on those amounts are computed using the risk-free interest rates (generally the rate on U.S. Treasury securities having comparable maturities) applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met. Payments received on fulfilled conditional promises are recognized as unrestricted net assets.

TBF uses the allowance method for uncollectible unconditional contributions receivable. The allowance is based on prior experience, management's analysis and evaluation of specific promises made. While management uses the best information available to make its evaluation, future adjustments to the allowance may be necessary if there are significant changes in economic conditions. As of September 30, 2016 and 2015, no allowance has been provided for uncollectible unconditional contributions receivable.

#### Grants Payable

TBF recognizes grant expenses when the awards are approved by management and grantees meet the stipulations in the awards. Conditional promises to give are not recorded as grants expense until the conditions upon which they are based have been met.

Grants payable in the accompanying financial statements are reflected at their fair values when unconditional promises are made. Fair values are measured based on the present value of future cash flows, with consideration of expectations about possible variations in the amount and/or timing of the cash flows and other specific factors that would be considered by market participants. The fair value measurements also include consideration of TBF's credit risk.

### NOTES TO FINANCIAL STATEMENTS

### Donated Services

Donated services that meet the requirements for recognition are recorded as support and expenses in the accompanying statements of activities. For the years ended September 30, 2016 and 2015, the value of contributed services meeting the requirements for recognition in the financial statements was \$1,562,350 (\$1,171,763 to program services, \$78,117 to fundraising, and \$312,470 to general and administrative) and \$935,835 (\$701,877 to program services, \$46,792 to fundraising, and \$187,166 to general and administrative), respectively. For the years ended September 30, 2016 and 2015, \$1,562,350 and \$935,835, respectively, of the donated services were from Tory Burch LLC. Many volunteers have made significant contributions of time to TBF's program and supporting functions. The value of these contributed services does not meet the criteria for recognition, and, accordingly, are not recognized in the accompanying financial statements.

#### Advertising and Promotion

Advertising expenses have been charged to operations as incurred.

#### Income Taxes

TBF is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code and, accordingly, is not subject to Federal or state income taxes. TBF adopted the accounting pronouncement related to income taxes which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. TBF does not believe its financial statements include any uncertain tax positions. Management believes it is no longer subject to income tax examinations for years ending prior to September 30, 2013.

#### Subsequent Events

Management has evaluated subsequent events through August 3, 2017, which is the date the financial statements were available to be issued and they determined that no adjustments to the financial statements or additional disclosures are necessary.

#### 3. CONCENTRATIONS OF CREDIT RISK AND REVENUE SOURCES

Financial instruments, which potentially subject TBF to concentrations of credit risk, consist of cash and cash equivalents, marketable investment securities and contributions receivable.

### NOTES TO FINANCIAL STATEMENTS

TBF places its temporary cash and money market account with creditworthy, high-quality financial institutions that may exceed insured limits. TBF also places short term cash in money market funds, which are secured by the underlying assets of the fund. A significant portion of the funds are not insured, however, management does not believe there is any significant risk of loss on any uninsured amounts.

TBF has significant investments in certificates of deposits and is therefore subject to concentrations of credit risk. Investments are made by investment managers engaged by TBF and the investments are monitored for TBF by an investment advisor. Although the market value of investments is subject to fluctuations on a year-to-year basis, management believes the investment policy is prudent for the long-term welfare of TBF.

Contributions receivable at September 30, 2016 are due from foundations, corporations and individuals well-known to TBF with favorable past payment histories. TBF's management has assessed the credit risk associated with this receivable balance at September 30, 2016 and determined that all receivables are fully collectable.

For the years ended September 30, 2016 and 2015, approximately 84% and 92%, respectively, of TBF's total contributions, excluding donated services, came from three contributors of which approximately 48% and 69% (\$595,985 and \$1,648,567) were contributed by Tory Burch LLC and its members.

As of September 30, 2016 and 2015, contributions receivable included \$272,560 and \$461,158, respectively, from Tory Burch LLC. The remaining contributions receivable was from one donor as of September 30, 2016 and 2015.

### 4. FINANCIAL INSTRUMENTS AND FAIR VALUE

Financial Accounting Standards Board (FASB) Accounting, Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that TBF has the ability to access.

Level 2 Inputs to the valuation methodology include:

• quoted prices for similar assets or liabilities in active market

### NOTES TO FINANCIAL STATEMENTS

- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies that were used as of September 30, 2016.

Money Market Funds: valued at the net asset value (NAV) per share which is calculated daily.

*Certificates of Deposit:* valued using a present value technique with an interest rate based on the current market rate for an investment with a similar remaining maturity.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although TBF believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## NOTES TO FINANCIAL STATEMENTS

The following tables sets forth by level, within the fair value hierarchy, TBF's assets at fair value as of September 30, 2016 and 2015:

| Assets at Fair Value as of<br>September 30, 2016 |              |             |         |             |  |  |
|--|--------------|-------------|---------|-------------|--|--|
|  | Level 1      | Level 2     | Level 3 | Total       |  |  |
| Cash and cash<br>equivalents<br>Certificates of  | \$ 3,062,144 |             |         | \$3,062,144 |  |  |
| deposit  |              | \$2,461,525 |         | 2,461,525   |  |  |
|  | \$ 3,062,144 | \$2,461,525 |         | \$5,523,669 |  |  |
| Assets at Fair Value as of<br>September 30, 2015 |              |             |         |             |  |  |
|  | Level 1      | Level 2     | Level 3 | Total       |  |  |
| Cash and cash                                    |              |             |         |             |  |  |
| equivalents \$4,774,495 \$4,774,495              |              |             |         |             |  |  |
| \$4,774,495                                      |              |             |         |             |  |  |

### 5. MARKETABLE INVESTMENT SECURITIES

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As of September 30, 2016, marketable investment securities consisted of the following:

|                         |               | 2016        |                    |
|-------------------------|---------------|-------------|--------------------|
|                         | Fair<br>value | Cost        | Unrealized<br>loss |
| Certificates of deposit | \$2,461,525   | \$2,481,000 | \$(19,475)         |
|                         | \$2,461,525   | \$2,481,000 | \$(19,475)         |

# NOTES TO FINANCIAL STATEMENTS

For the years ended September 30, 2016 and 2015, investment income consists of the following:

|  | 2016     | 2015     |
|--|----------|----------|
| Interest income  | \$32,131 | \$11,730 |
| Change in unrealized depreciation of certificates of deposit | (19,475) | <u></u>  |
|  | \$12,656 | \$11,730 |

### 6. TEMPORARY RESTRICTED NET ASSETS

As of September 30, 2016 and 2015, 100% of temporary restricted net assets are time restricted.