

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TORY BURCH FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11 WEST 19TH STREET, 7TH FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10011 F Name and address of principal officer: LAURIE FABIANO SAME AS C ABOVE	D Employer identification number 26-3660127 E Telephone number 646-723-6689 G Gross receipts \$ 6,421,028. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.TORYBURCHFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2008 M State of legal domicile: DE

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO EMPOWER WOMEN AND WOMEN ENTREPRENEURS BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND DIGITAL			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		13
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		0
6	Total number of volunteers (estimate if necessary)	6		118
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	5,217,468.	6,280,021.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	53,703.	43,495.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	5,271,171.	6,323,516.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	440,157.	2,589,250.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	75,500.	31,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	b	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	1,250,541.	3,645,800.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,766,198.	6,266,050.
19	Revenue less expenses. Subtract line 18 from line 12	19	3,504,973.	57,466.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	16,860,389.	16,399,744.
22	Net assets or fund balances. Subtract line 21 from line 20	22	655,340.	371,437.
22		22	16,205,049.	16,028,307.

Part II Signature Block

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

Sign Here	Signature of officer ROBERT ISEN, CHAIR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 08/07/23	Check <input type="checkbox"/> if self-employed	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY, LLC		Firm's EIN ▶ 87-3231666		
	Firm's address ▶ 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167			Phone no. 212-286-2600	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO EMPOWER WOMEN AND WOMEN ENTREPRENEURS BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND DIGITAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,932,834. including grants of \$ 2,460,000.) (Revenue \$ 0.) CAPITAL:

CAPITAL PROGRAM POWERED BY BANK OF AMERICA
TBF PROVIDES CAPITAL TO WOMEN ENTREPRENEURS THROUGH A VARIETY OF PROGRAMS. THE TBF 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. THE LOANS ARE MADE TO WOMEN ENTREPRENEURS OPERATING EARLY-STAGE VENTURES IN ALL INDUSTRIES. [SEE SCHEDULE O FOR CONTINUATION]

4b (Code:) (Expenses \$ 2,077,125. including grants of \$ 0.) (Revenue \$ 0.) CAMPAIGNS AND EVENTS:

EMBRACE AMBITION SUMMIT
TBF'S EMBRACE AMBITION INITIATIVE IS ANOTHER KEY PROGRAM. THE #EMBRACEAMBITION INITIATIVE LAUNCHED IN MARCH 2017 AS A GLOBAL INITIATIVE TO CHANGE THE CULTURAL STIGMA AROUND AMBITION IN WOMEN. IN 2018, TBF LAUNCHED THE EMBRACE AMBITION SUMMIT, A ONE-DAY EVENT COMMITTED TO CONFRONTING STEREOTYPES AND UNCONSCIOUS BIAS. TBF HOSTED THE EMBRACE AMBITION SUMMIT IN MARCH 2020 AND JUNE 2022 AS WELL. [SEE SCHEDULE O FOR CONTINUATION]

4c (Code:) (Expenses \$ 616,626. including grants of \$ 49,250.) (Revenue \$ 0.) FELLOWSHIPS:

FELLOWS PROGRAM
THE TBF FELLOWS PROGRAM IS A NATIONAL PROGRAM FOR EARLY-STAGE WOMEN ENTREPRENEURS. WOMEN ENTREPRENEURS FROM ACROSS THE UNITED STATES SUBMIT APPLICATIONS ONLINE. 50 WOMEN ENTREPRENEURS ARE SELECTED ANNUALLY. EACH FELLOW RECEIVES ONE-YEAR OF VIRTUAL EDUCATION PROGRAMMING, WORKSHOPS AND BUSINESS GUIDANCE, A \$5,000 GRANT FOR BUSINESS EDUCATION, AND ACCESS TO THE FOUNDATION'S PRIVATE ONLINE PEER COMMUNITY OF FELLOWS. IN NOVEMBER 2020, THE FOUNDATION LAUNCHED AN EXCLUSIVE LOAN PROGRAM IN PARTNERSHIP WITH KIVA TO PROVIDE \$15,000-\$25,000 NO-INTEREST LOANS FOR WORKING CAPITAL NEEDS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 329,481. including grants of \$ 80,000.) (Revenue \$ 0.)

4e Total program service expenses 5,956,066.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 36	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements 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
545 5TH AVENUE, SUITE 1103, NEW YORK, NY 10017

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURIE FABIANO PRESIDENT	40.00			X				24,500.	0.	0.
(2) TORY BURCH FOUNDER AND DIRECTOR	3.00	X		X				0.	0.	0.
(3) ROBERT ISEN CHAIR	3.00	X		X				0.	0.	0.
(4) REEPAL SHAH TREASURER	2.00	X		X				0.	0.	0.
(5) JAMES ROBINSON SECRETARY	2.00	X		X				0.	0.	0.
(6) HAYLEY BOESKY DIRECTOR	1.00	X						0.	0.	0.
(7) SUSAN DUFFY DIRECTOR	1.00	X						0.	0.	0.
(8) YASMIN GREEN DIRECTOR	1.00	X						0.	0.	0.
(9) TRACEY KOZMETSKY DIRECTOR	1.00	X						0.	0.	0.
(10) PERRI PELTZ DIRECTOR	1.00	X						0.	0.	0.
(11) DEBORAH ROBERTS DIRECTOR	1.00	X						0.	0.	0.
(12) JAMIE TISCH DIRECTOR THRU NOV 2021	1.00	X						0.	0.	0.
(13) TONY TJAN DIRECTOR	1.00	X						0.	0.	0.
(14) ANDREA WISHOM DIRECTOR	1.00	X						0.	0.	0.
(15) VIVIAN ZELTER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							24,500.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							24,500.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GROW, 400 GRANBY STREET, SUITE 200, NORFOLK, VA 23510	INFORMATION TECHNOLOGY SERVICES	458,010.
RAW MANGOES, 4101 HENNESSEE BRIDGE ROAD, ROCK ISLAND, TN 38581	PROGRAMMING SERVICES	135,400.
MONICA KIM 131-01 40TH STREET, 15M, FLUSHING, NY 11354	CONSULTING SERVICES	109,203.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 6,280,021.					
	g Noncash contributions included in lines 1a-1f	1g \$ 41,102.					
	h Total. Add lines 1a-1f		6,280,021.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		47,430.			47,430.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	93,577.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b 97,512.					
c Gain or (loss)	7c -3,935.						
d Net gain or (loss)		-3,935.			-3,935.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,323,516.	0.	0.	43,495.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,535,000.	2,535,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	49,250.	49,250.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000.	5,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	31,000.		31,000.	
6 Compensation not included above to disqualified 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 (nonemployees):				
a Management				
b Legal	16,243.		16,243.	
c Accounting	86,848.		86,848.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,794.		5,794.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	516,641.	507,236.	9,405.	
12 Advertising and promotion	144,522.	144,522.		
13 Office expenses	31,567.	205.	31,362.	
14 Information technology	115,373.	115,373.		
15 Royalties				
16 Occupancy				
17 Travel	167,871.	156,034.	11,837.	
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	114,725.		114,725.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MENTORING/EDU. EVENTS	1,455,250.	1,452,480.	2,770.	
b PROGRAMMING/PRODUCTION	518,132.	518,132.		
c LOAN/LENDING COSTS	472,834.	472,834.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,266,050.	5,956,066.	309,984.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	542,847.	1	273,878.
	2 Savings and temporary cash investments	11,576,927.	2	9,120,837.
	3 Pledges and grants receivable, net	4,502,933.	3	3,815,794.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,000.	9	1,777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	0.	11	2,134,923.
	12 Investments - other securities. See Part IV, line 11	0.	12	484,236.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	216,682.	15	568,299.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,860,389.	16	16,399,744.	
Liabilities	17 Accounts payable and accrued expenses	135,823.	17	117,494.
	18 Grants payable	465,117.	18	199,543.
	19 Deferred revenue	54,400.	19	54,400.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	655,340.	26	371,437.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,205,049.	27	16,028,307.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,205,049.	32	16,028,307.
	33 Total liabilities and net assets/fund balances	16,860,389.	33	16,399,744.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,323,516.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,266,050.
3	Revenue less expenses. Subtract line 2 from line 1	3	57,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,205,049.
5	Net unrealized gains (losses) on investments	5	-340,603.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	106,395.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,028,307.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **TORY BURCH FOUNDATION, INC.** Employer identification number **26-3660127**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2870640.	2932433.	5365048.	5217468.	6280021.	22665610.
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	2870640.	2932433.	5365048.	5217468.	6280021.	22665610.
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)						16602603.
6 Public support. Subtract line 5 from line 4.						6063007.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2870640.	2932433.	5365048.	5217468.	6280021.	22665610.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	74,866.	126,118.	60,033.	7,509.	47,430.	315,956.
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.)						
11 Total support. Add lines 7 through 10						22981566.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	26.38 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	25.09 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. 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 and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 CONTRIBUTIONS MADE DIRECTLY OR INDIRECTLY BY THE GENERAL PUBLIC, 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 26.38%, WELL ABOVE THE 10% REQUIRED TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION WHEN MEETING THE FACTS-AND-CIRCUMSTANCES TEST.

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 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

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(See instructions.)

FOUNDATION'S BOARD THEREBY EMBODIES AND ESPOUSES AN EXTENSIVE
CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE NATIONAL COMMUNITY OF
WOMEN ENTREPRENEUR.

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
ENTREPRENEURSHIP. BOARD MEMBERS ARE REPRESENTED IN ORGANIZATIONS SUCH AS
THE TRUSTEES COUNCIL OF PENN WOMEN AND THE INTERNATIONAL COUNCIL FOR SMALL
BUSINESS, AMONG MANY OTHERS.

ABBREVIATED BOARD MEMBER BIOGRAPHIES FOLLOW BELOW:

TORY BURCH

TORY BURCH IS THE EXECUTIVE CHAIRMAN AND CHIEF CREATIVE OFFICER OF TORY
BURCH LLC, AN AMERICAN LIFESTYLE BRAND.

TORY LAUNCHED THE COMPANY IN 2004 WITH A BOUTIQUE IN NEW YORK AND AN
E-COMMERCE SITE. THE BRAND HAS SINCE GROWN INTO A GLOBAL BUSINESS WITH 370
STORES, E-COMMERCE, AND WHOLESALE DISTRIBUTION.

EMPOWERING WOMEN IS TORY'S GUIDING PRINCIPLE, EXPRESSED THROUGH HER

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(See instructions.)

COLLECTIONS AND HER WORK AT THE TORY BURCH FOUNDATION. ESTABLISHED IN 2009, THE FOUNDATION PROVIDES WOMEN ENTREPRENEURS IN THE UNITED STATES WITH ACCESS TO CAPITAL, EDUCATION, AND COMMUNITY. IN ADDITION TO ITS OWN INITIATIVES AND SIGNATURE FELLOWS PROGRAM, THE FOUNDATION HAS PARTNERED WITH BANK OF AMERICA, GOLDMAN SACHS, AND FEARLESS FUND TO EMPOWER WOMEN ENTREPRENEURS THROUGH GRANTS AND LOW-INTEREST LOANS.

TORY HAS BEEN RECOGNIZED WITH NUMEROUS DESIGN AWARDS AND HONORS, INCLUDING THE CFDA FOR ACCESSORY DESIGNER OF THE YEAR, THE WHARTON SCHOOL'S JAY H. BAKER RETAILING CENTER AND RETAIL LEADERS CIRCLE'S INAUGURAL RETAIL EXCELLENCE AWARD, THE PARSONS SCHOOL OF DESIGN'S TABLE AWARD, THE BREAST CANCER RESEARCH FOUNDATION'S SANDRA TAUB HUMANITARIAN AWARD, FORBES'S MOST POWERFUL WOMEN IN THE WORLD, AND GLAMOUR'S WOMEN OF THE YEAR. HER FIRST BOOK, TORY BURCH IN COLOR (ABRAMS, 2014), WAS A NEW YORK TIMES BEST SELLER. IN 2021, THE METROPOLITAN MUSEUM OF ART'S COSTUME INSTITUTE FEATURED ONE OF TORY'S DESIGNS IN THE EXHIBITION "IN AMERICA: A LEXICON OF FASHION."

TORY SERVES ON SEVERAL BOARDS, INCLUDING THE COUNCIL OF FASHION DESIGNERS OF AMERICA, THE JAY H. BAKER RETAILING CENTER AT THE UNIVERSITY OF PENNSYLVANIA'S WHARTON SCHOOL, AND THE SOCIETY OF MEMORIAL SLOAN-KETTERING CANCER CENTER. SHE IS A FOUNDING ADVISORY COUNCIL MEMBER OF THE SMITHSONIAN AMERICAN WOMEN'S HISTORY MUSEUM, A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS, AND A HONORARY TRUSTEE AT THE BARNES FOUNDATION.

TORY IS A GRADUATE OF THE UNIVERSITY OF PENNSYLVANIA.

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(See instructions.)

HAYLEY BOESKY

HAYLEY BOESKY IS MANAGING DIRECTOR AND EXECUTIVE VICE CHAIRMAN OF GLOBAL CORPORATE & INVESTMENT BANKING AT BANK OF AMERICA. IN THIS ROLE, SHE COLLABORATES ACROSS ALL ENTERPRISE LINES OF BUSINESS TO DEEPEN RELATIONSHIPS WITH THE FIRM'S CLIENTS AND SERVES AS A LIAISON WITH THE GLOBAL POLICYMAKING COMMUNITY. BEFORE JOINING BOFA, BOESKY WAS VICE PRESIDENT AND DIRECTOR OF MARKET ANALYSIS AT THE FEDERAL RESERVE BANK OF NEW YORK. SHE BEGAN HER CAREER WITH GOLDMAN SACHS WHERE SHE SPECIALIZED IN FIXED INCOME STRATEGY, INCLUDING AS CHIEF U.S. RATES STRATEGIST.

BOESKY IS A MEMBER OF THE IMF'S FINANCIAL INSTITUTIONS CONSULTATIVE GROUP; THE NEW YORK FED'S FINANCIAL ADVISORY ROUNDTABLE; AND THE BRETTON WOODS COMMITTEE ADVISORY COUNCIL. BOESKY IS ALSO A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS. BOESKY SERVES ON THE BOARD OF OVERSEERS FOR THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF ARTS AND SCIENCES, ON THE TRUSTEES COUNCIL OF PENN WOMEN, AND IS A MEMBER OF THE PENN ARTS AND SCIENCES WOMEN IN BUSINESS ALLIANCE. BOESKY HOLDS A DOCTOR OF PHILOSOPHY DEGREE IN ASTROPHYSICS FROM COLUMBIA UNIVERSITY. IN ADDITION TO HER PHD, SHE ALSO EARNED A MASTER OF SCIENCE DEGREE AND A MASTER OF PHILOSOPHY DEGREE FROM COLUMBIA UNIVERSITY, AND AN UNDERGRADUATE AT THE UNIVERSITY OF PENNSYLVANIA.

SUSAN DUFFY

DR. SUSAN DUFFY IS THE ASSOCIATE PROVOST FOR TRANSFORMATIONAL LEARNING AND PARTNERSHIPS AT WENTWORTH INSTITUTE OF TECHNOLOGY WHERE SHE LEADS THE UNIVERSITY'S ACCELERATE: INNOVATION + ENTREPRENEURSHIP CENTER, THE WOMEN@WENTWORTH STUDENT PROGRAMS, THE CO-OPS + CAREERS DIVISION, AND THE

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WORKFORCE DEVELOPMENT AND PROFESSIONAL EDUCATION PORTFOLIO. A
SELF-DESCRIBED ENTREPRENEURIAL LEADER, SUSAN DEDICATES HER LIFE ENERGY TO CATALYZING SOCIAL AND ECONOMIC GROWTH THROUGH EDUCATION, EXPERIMENTATION, AND PARTNERSHIPS. IN ADDITION TO HER WORK IN THE EDUCATION INDUSTRY, SUSAN HAS A TRACK RECORD OF IGNITING IMPACT IN DIVERSE SECTORS INCLUDING LIFE SCIENCES, CONSTRUCTION, FINANCIAL SERVICES, AND ROBOTICS. SUSAN EARNED HER PH.D. FROM THE GEORGE WASHINGTON UNIVERSITY, IS A MEMBER OF THE PRESTIGIOUS WILFORD WHITE FELLOWS OF THE INTERNATIONAL COUNCIL FOR SMALL BUSINESS, AND RECEIVED THE 2019 PRACTITIONER OF THE YEAR AWARD FROM THE UNITED STATES ASSOCIATION FOR SMALL BUSINESS AND ENTREPRENEURSHIP. SUSAN SERVED AS A MEMBER OF THE NATIONAL WOMEN'S BUSINESS COUNCIL, IS A BOARD DIRECTOR OF THE BSC GROUP, AND SERVES ON THE EXPERT ADVISORY GROUP OF THE BIO-SCIENCE INVESTOR INCLUSION GROUP.

YASMIN GREEN
YASMIN GREEN IS THE CEO OF JIGSAW, A UNIT WITHIN GOOGLE THAT ADDRESSES THREATS TO OPEN SOCIETIES. SHE LEADS AN INTERDISCIPLINARY TEAM THAT RESEARCHES AND DEVELOPS TECHNICAL SOLUTIONS TO A RANGE OF GLOBAL SECURITY CHALLENGES, INCLUDING VIOLENT EXTREMISM, REPRESSIVE CENSORSHIP, HATE AND HARASSMENT, AND HARMFUL MISINFORMATION.

PRIOR TO JIGSAW, YASMIN'S ROLES AT GOOGLE INCLUDE DEAL NEGOTIATION FOR SYNDICATION PARTNERSHIPS, HEADING OPERATIONS FOR SUB-SAHARAN AFRICA, AND SERVING AS THE HEAD OF SALES STRATEGY FOR SOUTHERN EUROPE, THE MIDDLE EAST AND AFRICA. YASMIN IS A MEMBER OF THE ASPEN CYBERSECURITY GROUP AND THE BOARDS OF THE ANTI-DEFAMATION LEAGUE AND THE TORY BURCH

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(See instructions.)

FOUNDATION. YASMIN HAS BEEN NAMED ONE OF FORTUNE'S "40 UNDER 40" MOST INFLUENTIAL YOUNG LEADERS, AND ONE OF FAST COMPANY'S "MOST CREATIVE PEOPLE IN BUSINESS."

ROBERT ISEN

ROBERT IS CHIEF LEGAL OFFICER & PRESIDENT OF CORPORATE DEVELOPMENT. HE JOINED THE COMPANY IN SEPTEMBER 2008. PRIOR TO JOINING TORY BURCH, ROBERT WAS AN ENTREPRENEUR/FOUNDER, KEY OPERATING EXECUTIVE, AND ADVISOR WITH VARIOUS COMPANIES; INCLUDING BEMIS COMPANY, CONTINUUM AND VIAPACK. HE LAUNCHED HIS CAREER AS A CORPORATE ATTORNEY IN WASHINGTON, DC AND PHILADELPHIA, PA BEFORE MOVING ON TO PARAMOUNT PACKAGING CORPORATION (A PHILADELPHIA-BASED GLOBAL PACKAGING COMPANY) AS GENERAL COUNSEL AND EXECUTIVE VICE PRESIDENT. ROBERT RECEIVED HIS BACHELOR OF ARTS IN PSYCHOLOGY FROM DUKE UNIVERSITY BEFORE GRADUATING FROM BOSTON UNIVERSITY SCHOOL OF LAW. HE IS A MEMBER OF YOUNG PRESIDENTS ORGANIZATION/WPO AND SERVES ON THE BOARD OF TORY BURCH, LLC.

TRACEY KOZMETSKY

TRACEY DONOHO KOZMETSKY IS A PHILANTHROPIC LEADER IN HER 26TH YEAR OF WORK WITH THE KOZMETSKY FAMILY FOUNDATION, FORMERLY THE RGK FOUNDATION, WHICH IS AN INDEPENDENT FOUNDATION COMMITTED TO SPARKING MEANINGFUL IMPACT THROUGH GRANTS FOR BASIC NEEDS, EDUCATION, AND HEALTH, WITH SPECIAL EMPHASIS GIVEN TO VETERANS, WOMEN, AND CHILDREN. SHE IS A MEMBER OF THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF UNDERGRADUATE STUDIES ADVISORY COUNCIL, DALLAS' CRYSTAL CHARITY BALL AND THE BAYLOR SCOTT & WHITE DALLAS FOUNDATION ADVISORY BOARD WHICH SUPPORTS THE BAYLOR HEALTH CARE SYSTEM. TRACEY SERVED ON THE BOARD OF DIRECTORS OF

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.)

DALLAS CHILDREN'S MEDICAL CENTER AND IS A FORMER PRESIDENT OF THE
DALLAS CHILDREN'S ADVOCACY CENTER BOARD OF TRUSTEES. SHE IS THE
RECIPIENT OF THE DALLAS NORTH STAR AND RUTH SHARP ALTSHULER AWARDS.

TRACEY EARNED A BACHELOR OF ARTS DEGREE MAGNA CUM LAUDE FROM TEXAS
CHRISTIAN UNIVERSITY. SHE BEGAN HER PROFESSIONAL CAREER IN NEW YORK
CITY AT WOMEN'S WEAR DAILY/FAIRCHILD PUBLICATIONS AND WENT ON TO WORK
IN MARKETING AND BUSINESS DEVELOPMENT AT COSMAIR/L'OREAL PROFESSIONAL.
SHE CONTINUED HER PROFESSIONAL GROWTH AND DEVELOPMENT BY CO-FOUNDING A
PUBLIC RELATIONS FIRM, ENGELKING KOZMETSKY COMMUNICATIONS IN AUSTIN,
TEXAS.

PERRI PELTZ

PERRI PELTZ IS AN EMMY-WINNING DOCUMENTARY FILMMAKER, JOURNALIST, AND
PUBLIC HEALTH ADVOCATE WITH A DOCTORATE FROM COLUMBIA UNIVERSITY'S
SCHOOL OF PUBLIC HEALTH. MOST RECENTLY, PERRI CREATED THE DOCUMENTARY
NEWS SERIES AXIOS ON HBO WITH MATTHEW O'NEILL. PERRI & MATTHEW ALSO
CO-DIRECTED AND PRODUCED THE 2019 HBO DOCUMENTARY, ALTERNATE ENDINGS:
SIX NEW WAYS TO DIE IN AMERICA. PREVIOUSLY, PERRI DIRECTED THE HBO
DOCUMENTARY, WARNING: THIS DRUG MAY KILL YOU, ABOUT THE OPIOID
ADDICTION EPIDEMIC. SHE PRODUCED THE HBO DOCUMENTARY RISKY DRINKING AND
CO-DIRECTED A CONVERSATION ABOUT GROWING UP BLACK AS PART OF THE
"CONVERSATION ON RACE" SERIES FOR THE NEW YORK TIMES OP-DOCS. OTHER
FILMS INCLUDE HBO'S REMEMBERING THE ARTIST: ROBERT DE NIRO, SR. AND
PRISON DOGS. PERRI HOSTS "THE PERRI PELTZ SHOW" ON SIRIUSXM. SHE WAS
PREVIOUSLY AN AWARD-WINNING BROADCAST JOURNALIST FOR NBC, ABC, AND CNN.

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(See instructions.)

DEBORAH ROBERTS

DEBORAH ROBERTS IS AN AWARD WINNING JOURNALIST AT ABC NEWS WHO SERVES AS A SENIOR NATIONAL AFFAIRS CORRESPONDENT. ROBERTS REGULARLY REPORTS FOR 20/20, GOOD MORNING AMERICA, NIGHTLINE AND WORLD NEWS TONIGHT WITH DAVID MUIR. SHE ALSO CONTRIBUTES AS A FILL IN HOST ON THE VIEW AND SUBSTITUTE ANCHOR ON NIGHTLINE. ROBERTS HAS BEEN AWARDED A PEABODY FOR HER IN DEPTH REPORTING ON THE BREONNA TAYLOR STORY AS WELL AS MULTIPLE EMMY AWARDS FOR HER INTERNATIONAL AND NATIONAL COVERAGE OF HARD HITTING ISSUES. ROBERTS IS ALSO AN AUTHOR OF BEEN THERE DONE THAT: FAMILY WISDOM FOR MODERN TIMES, A BOOK SHE CO-WROTE WITH HER HUSBAND, AL ROKER. ROBERTS MAKES HER HOME IN MANHATTAN WITH ROKER AND THEIR CHILDREN.

JAMES ROBINSON

JAMIE IS FOUNDER AND CEO OF TAPP TECHNOLOGIES, A BEVERAGE ANALYTICS AND ENGAGEMENT COMPANY. LAUNCHING HIS CAREER AS A CERTIFIED NFL AGENT, JAMIE HAS NEGOTIATED SPORTS AND ENTERTAINMENT MERCHANDISING, LICENSING AND SPONSORSHIP AGREEMENTS TOTALING IN EXCESS OF \$1BILLION. HE HAS ALSO CREATED MARKETING CAMPAIGNS ON BEHALF OF A NUMBER OF THE NATION'S LEADING BRANDS INCLUDING HALLMARK CARDS, FANATICS, GAP, MCDONALD'S, COCA-COLA, RAWLINGS SPORTING GOODS, DUNKIN' DONUTS AND MANY OTHERS.

REEPAL SHAH

SINCE 2016, REEPAL SHAH HAS BEEN AN ADVISOR TO ROBINSWAY FAMILY OFFICE. PRIOR TO ROBINSWAY HE HELD KEY EXECUTIVE ROLES IN VARIOUS COMPANIES IN FASHION INDUSTRY AND RETAILING; INCLUDING, DONNA KARAN, FOOT LOCKER, KATE SPADE AND TORY BURCH, WHERE HE WAS CFO. REEPAL RECEIVED HIS

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.)

MASTER'S IN BUSINESS ADMINISTRATION FROM NEW YORK INSTITUTE OF TECHNOLOGY IN FINANCE AND OPERATION. HE ALSO RECEIVED HIS MASTER IN COMMERCE FROM INDIA GUJRAT UNIVERSITY IN ACCOUNTING AND AUDITING. HE CURRENTLY SITS ON THE BAUBLEBAR BOARD AS ADVISOR.

JAMIE TISCH

JAMIE IS AN ENTREPRENEUR AND PHILANTHROPIST. IN 2008, SHE CO-FOUNDED FASHIONOLOGY LA, A CHILDREN'S CLOTHING STORE IN LOS ANGELES. IN 2003, SHE CO-FOUNDED THE ENTERTAINMENT INDUSTRY'S WOMEN'S CANCER RESEARCH FUND. THE WOMEN'S CANCER RESEARCH FUND WAS CREATED TO SUPPORT INNOVATIVE RESEARCH, EDUCATION AND OUTREACH DIRECTED TOWARD THE EARLY DIAGNOSIS, TREATMENT AND PREVENTION OF ALL WOMEN'S CANCERS.

TONY TJAN

TONY TJAN IS CEO OF CUE BALL GROUP, A PRIVATE INVESTMENT FIRM FOCUSED ON LONG-TERM AND TRANSFORMATIVE OPPORTUNITIES ACROSS TECHNOLOGY, MEDIA AND CONSUMER BRANDS. AT CUE BALL, OVER 50 PERCENT OF THE CAPITAL HAS BEEN INVESTED BEHIND WOMEN AND INCLUSIONARY VENTURES. HE ALSO IS CO-FOUNDER AND CHAIRMAN OF MINILUXE, THE LIFESTYLE NAIL CARE BRAND THAT IS POSITIVELY CHANGING THE INDUSTRY, AND WAS THE FOUNDER OF ZEFER, ONE OF THE EARLIEST WEB APPLICATION COMPANIES. PREVIOUSLY HE PLAYED SENIOR LEADERSHIP ROLES AT THOMSON REUTERS AND THE PARTHENON GROUP. TONY HAS WRITTEN OVER 100 PIECES FOR HARVARD BUSINESS REVIEW AND IS A NEW YORK TIMES BEST-SELLING AUTHOR OF HEART, SMARTS, GUTS AND LUCK AND AUTHOR OF GOOD PEOPLE. HE SERVES ON THE MIT MEDIA LAB ADVISORY COUNCIL AND IS A RECIPIENT OF THE ELLIS ISLAND MEDAL OF HONOR.

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.)

ANDREA WISHOM

ANDREA SERVES AS PRESIDENT OF SKYWALKER HOLDINGS, LLC. SHE IS A CLOSELY HELD ADVISOR RESPONSIBLE FOR THE FIDUCIARY, PHILANTHROPIC, AND CREATIVE ENTITIES OF A DIVERSIFIED FAMILY OFFICE. ANDREA IS CURRENTLY THE LEAD INDEPENDENT DIRECTOR FOR PINTEREST, AND ON THE BOARDS OF NEXTDOOR AND TORY BURCH, LLC.

AN AWARD-WINNING VETERAN CONTENT CREATOR AND MEDIA EXECUTIVE, ANDREA SPENT OVER TWO DECADES LAUNCHING AND DEVELOPING SOME OF THE MOST SUCCESSFUL PROGRAMMING IN TELEVISION HISTORY, FIRST FOR THE OPRAH WINFREY SHOW, AND LATER FOR OWN: OPRAH WINFREY NETWORK. DURING HER 22-YEAR CAREER, SHE PRODUCED SOME OF OPRAH'S MOST MEMORABLE AND HIGHEST RATED PROGRAMS. WHEN THE OPRAH WINFREY SHOW ENDED, ANDREA HELPED TRANSITION THE COMPANY INTO A START-UP PRODUCTION COMPANY THAT WOULD DEVELOP, CREATE, AND PROGRAM FOR OWN, A NEW CABLE NETWORK. AS EXECUTIVE VICE PRESIDENT OF PROGRAMMING, PRODUCTION AND DEVELOPMENT SHE DEVELOPED UNSCRIPTED PROGRAMS. SHE WOULD LATER BECOME EXECUTIVE PRODUCER OF SUPER SOUL SUNDAY, WINNING A GLAAD AWARD. BECAUSE OF THAT STRATEGIC PROGRAMMING, OWN WOULD BECOME A TOP 30 NETWORK IN ITS FIRST YEAR AND THE #1 CABLE NETWORK AMONG AFRICAN AMERICAN WOMEN.

COMMITTED TO HELPING DIVERSE LEADERS BUILD STRATEGIC ORGANIZATIONS, STRONG CULTURES, AND TRANSFORMATIVE NARRATIVES SHE SERVES ON MANY NONPROFIT BOARDS AS WELL, INCLUDING THE TORY BURCH FOUNDATION, THE LUCAS MUSEUM OF NARRATIVE ART, CASEL, BLACK WOMEN ANIMATE, AND THE UC BERKELEY GRADUATE SCHOOL OF JOURNALISM.

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.)

ANDREA GREW UP IN SAN FRANCISCO AND EARNED HER B.A. DEGREE IN ENGLISH FROM THE UNIVERSITY OF CALIFORNIA, BERKELEY.

VIVIAN ZELTER

VIVIAN'S PROFESSIONAL BACKGROUND STARTED ON WALL STREET IN FINANCE. SHE WAS A CORPORATE BOND TRADER AT LEHMAN BROTHERS BEFORE DEPARTING TO RAISE HER FAMILY. CURRENTLY, VIVIAN IS THE DIRECTOR OF STRATEGIC PARTNERSHIPS AT THE NATIONAL EDUCATION EQUITY LAB, AN EDUCATION AND SOCIAL JUSTICE NON-PROFIT. VIVIAN COMES TO THIS POSITION WITH OVER 20 YEARS OF PHILANTHROPIC EXPERIENCE. SHE HAS BEEN A LONG TERM BOARD MEMBER AT GEORGE JACKSON ACADEMY, A MIDDLE SCHOOL FOR UNDERSERVED BOYS IN DOWNTOWN MANHATTAN. SHE ALSO SERVED ON THE BOARD OF THE UNIVERSITY OF PENNSYLVANIA'S SCHOOL OF SOCIAL POLICY AND PRACTICE, AND HAS RECENTLY BEEN A LEAD SUPPORTER OF ITS NEWLY ESTABLISHED SOCIAL JUSTICE SCHOLAR'S PROGRAM. VIVIAN IS ON THE BOARD OF THE UJA FEDERATION OF NEW YORK (UNITED JEWISH APPEAL), AND SERVES ON ITS COMMUNITY INITIATIVE FOR HOLOCAUST SURVIVORS COMMITTEE. VIVIAN'S PASSION FOR SUPPORTING THE ARTS IN NY EXTENDS TO BEING AN ACTIVE MEMBER OF THE CHAIRMAN'S COUNCIL AT THE METROPOLITAN MUSEUM, SERVING ON THE HIGH LINE'S PLINTH COMMITTEE, THE EDUCATION COMMITTEE AT THE WHITNEY, AND SERVING ON THE BOARD OF FILM AT LINCOLN CENTER. SHE GRADUATED WITH A B.A. FROM THE UNIVERSITY OF PENNSYLVANIA AND AN M.B.A. FROM COLUMBIA UNIVERSITY.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number

26-3660127

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>3,806,440.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,157,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 31,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 20,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 20,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 10,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 5,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 5,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 5,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 20,994.	06/30/22
21	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 20,107.	12/31/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: TORY BURCH FOUNDATION, INC. Employer identification number: 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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.) ▶		

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)		
(6)		
(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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,101,252.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-340,603.
b	Donated services and use of facilities	2b	4,124,133.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,783,530.
3	Subtract line 2e from line 1	3	6,317,722.
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	5,794.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,794.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,323,516.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,277,994.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,124,133.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,124,133.
3	Subtract line 2e from line 1	3	6,153,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,794.
b	Other (Describe in Part XIII.)	4b	106,395.
c	Add lines 4a and 4b	4c	112,189.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,266,050.

Part XIII Supplemental Information.

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

PART X, LINE 2:

TBF RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. TBF IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO SEPTEMBER 30, 2019.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUND NETTED AGAINST GRANT EXPENSES 106,395.

Part XIII Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **TORY BURCH FOUNDATION, INC.** Employer identification number **26-3660127**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FEARLESS FUND 384 NORTHYARDS BLVD NW ATLANTA, GA 30313	82-2178627	501(C)(3)	2,200,000.	0.			TO SUPPORT THE ORGANIZATION'S GRANT PROGRAM TO SMALL BUSINESSES OWNED AND LED
NEST, INC. 228 PARK AVE S 70891 NEW YORK, NY 10003	20-5450672	501(C)(3)	245,000.	0.			TO SUPPORT THE ORGANIZATION'S NO-INTEREST OR LOW-INTEREST AND
EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC. - P.O. BOX 4184 - NEW YORK, NY 10163	26-1598353	501(C)(3)	50,000.	0.			SUPPORT EARMARKED FOR MOM'S DEMAND ACTION. MOMS DEMAND ACTION IS A GRASSROOTS MOVEMENT OF
KIVA MICROFUNDS 986 MISSION ST, 4TH FLOOR SAN FRANCISCO, CA 94103	71-0992446	501(C)(3)	15,000.	0.			TO SUPPORT THE ORGANIZATION'S MICRO-LENDING PROGRAMS.
THE 19TH NEWS 3571 FAR WEST BOULEVARD, # 3497 AUSTIN, TX 78731	84-2627202	501(C)(3)	15,000.	0.			TO SPONSOR THE ORGANIZATION'S ANNUAL SUMMIT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWS GRANTS	10	49,250.	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:

GRANTS TO ORGANIZATIONS:

TORY BURCH FOUNDATION MADE VARIOUS GRANTS TO ORGANIZATIONS TO SUPPORT WOMEN ENTREPRENEURS AND A ONE-TIME GRANT TO MOM'S DEMAND ACTION IN SUPPORT OF ENDING GUN VIOLENCE. THE FOUNDATION REMAINS IN CLOSE CONTACT WITH THESE ORGANIZATIONS THROUGHOUT THE YEAR IN ORDER TO MONITOR THE USE OF THE GRANTS. THE GRANTEES MUST PROVIDE WRITTEN OR VERBAL STATUS UPDATES ON THE USAGE OF THE FUND. THE FOUNDATION MAY PERIODICALLY REQUEST INTERIM WRITTEN REPORTS CONCERNING THE MANNER IN WHICH THE GRANTS WERE EXPENDED AND THE

Part IV Supplemental Information

PROGRESS MADE IN ACCOMPLISHING THE GRANT PURPOSES.

GRANTS TO INDIVIDUALS:

THE TORY BURCH FOUNDATION FELLOWS PROGRAM IS A NATIONAL YEAR-LONG FELLOWSHIP PROGRAM FOR WOMEN ENTREPRENEURS. WOMEN ENTREPRENEURS, FROM ACROSS THE UNITED STATES, SUBMIT APPLICATIONS THROUGH AN ONLINE PORTAL. APPLICANTS GO THROUGH A RIGOROUS REVIEW PROCESS. FELLOWS' SELECTION IS BASED ON A VARIETY OF FACTORS, INCLUDING:

- PERSONAL STATEMENT AND RESUME
- THE BUSINESS PLAN
- SOCIAL RESPONSIBILITY
- PROPOSED USE OF EDUCATION GRANT
- SCREENING INTERVIEW

UP TO 50 FELLOWS WILL BE SELECTED FROM AMONG ALL ELIGIBLE APPLICANTS, AND WE TAKE INTO CONSIDERATION MULTIPLE FACTORS INCLUDING, BUT NOT LIMITED TO, HOW THE BUSINESS CREATES POSITIVE AND LASTING IMPACT, WHAT UNIQUE FACTORS DIFFERENTIATE THE BUSINESS, WHAT PROBLEMS THE BUSINESS SOLVE, THE SUBSTANCE AND QUALITY OF THE BUSINESS PLAN, WHAT OBSTACLES THE APPLICANT HAS OVERCOME, AND INVESTMENT OPPORTUNITIES.

EACH OF THE SELECTED FELLOWS RECEIVE A RESTRICTED-USE PREPAID CREDIT CARD (PEXCARD) FUNDED WITH \$5,000. THE CARD CAN BE USED FOR BUSINESS EDUCATION EXPENSES, CONFERENCES, BUSINESS COACHING ETC. AS OUTLINED IN THEIR GRANT AGREEMENTS, WHICH EACH FELLOW SIGNS. THE FOUNDATION TEAM REVIEWS AND MONITORS ALL TRANSACTIONS MADE WITH THE PEX CARD REGULARLY THROUGH THE PEX CARD ON-LINE PLATFORM AND MONTHLY STATEMENTS. ALL FELLOWS ARE REQUIRED TO

Part IV Supplemental Information

EMAIL THE FOUNDATION TEAM BEFORE USING THEIR CARD WITH DETAILS OF THE PROPOSED SPEND AND NEED APPROVAL BEFORE ANY TRANSACTION IS MADE. THE FOUNDATION TEAM FOLLOWS UP WITH THE FELLOWS TO VERIFY GRANT USE, AS NEEDED. FELLOWS WHO RECEIVED A GRANT IN 2021 HAVE UNTIL JUNE 2023 TO SPEND IT.

IN ADDITION, THE FOUNDATION HAS BEEN ASKING FOR RECEIPTS BECAUSE THE DETAILS IN PEX REPORTS ARE OFTEN NOT TELLING, SO APPROPRIATE BACKUP IS REQUESTED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FEARLESS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S GRANT PROGRAM TO SMALL BUSINESSES OWNED AND LED BY WOMEN OF COLOR.

NAME OF ORGANIZATION OR GOVERNMENT: NEST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S NO-INTEREST OR LOW-INTEREST AND OTHERWISE NON-PREDATORY LOANS PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

EVERYTOWN FOR GUN SAFETY SUPPORT FUND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EARMARKED FOR MOM'S DEMAND ACTION. MOMS DEMAND ACTION IS A GRASSROOTS MOVEMENT OF AMERICANS FIGHTING FOR PUBLIC SAFETY MEASURES THAT CAN PROTECT PEOPLE FROM GUN VIOLENCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **TORY BURCH FOUNDATION, INC.** Employer identification number **26-3660127**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	41,102.	SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number

26-3660127

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

RESOURCES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN MAY 2022, TBF LAUNCHED A PARTNERSHIP WITH VFILES TO SUPPORT A VFILES
LAB ENTREPRENEUR THROUGH THE TORY BURCH FOUNDATION FELLOWS PROGRAM. THE
VFILES FOUNDATION IS A 501(C)(3) ORGANIZATION WITH THE MISSION TO
INCREASE BUSINESS OWNERSHIP FOR CREATORS IN UNDERREPRESENTED
COMMUNITIES (BIPOC, WOMEN, LGBTQ+). THE VFILES FOUNDATION PROVIDES SEED
GRANTS, MENTORSHIP, AND SOFT SKILLS TRAINING THROUGH ITS FLAGSHIP
PROGRAM, VFILES LAB. ONE ENTREPRENEUR WAS CHOSEN TO PARTICIPATE IN THE
TBF FELLOWS COMMUNITY AND WAS GIVEN ACCESS TO ALL THE TBF PROGRAMMING.
AS OF FISCAL YEAR 2022, WE HAVE SUPPORTED ONE VFILES ENTREPRENEUR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CAPITAL:

WOMEN OF COLOR GRANT PROGRAM

THE WOMEN OF COLOR GRANT PROGRAM PROVIDES \$10,000 AND \$20,000 GRANTS TO
WOMEN OF COLOR-OWNED BUSINESSES. THESE ENTREPRENEURS ALSO RECEIVE
ACCESS TO EDUCATION AND COMMUNITY IN PARTNERSHIP WITH THE FEARLESS
FUND.

NEST

THE TBF PARTNERSHIP WITH NEST PROVIDES REPAYABLE GRANTS TO WOMEN
ARTISANS AND MAKERS IN SELECT CITIES IN THE U.S.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CAMPAIGNS AND EVENTS:

SEED BOXES

TBF CURATES A SELECTION OF PRODUCTS MADE BY WOMEN OWNED BUSINESSES INTO ONE SEASONAL GIFT BOX. IT IS DESIGNED TO HELP PROMOTE THE FEATURED FOUNDERS' BRANDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FELLOWSHIPS:

IGI FELLOWSHIP:

IN NOVEMBER 2020, THE TBF LAUNCHED THE TORY BURCH FELLOWSHIP IN PARTNERSHIP WITH THE INNOVATIVE GENOMICS INSTITUTE ("IGI"). ONE WOMAN SCIENCE ENTREPRENEUR WAS CHOSEN TO BE EMBEDDED AT IGI FOR ONE YEAR WITH THE USE OF THEIR LABS AND THEIR STAFF AS MENTORS. THESE ENTREPRENEURS ALSO HAD THE OPTION OF JOINING THE TBF FELLOWS COMMUNITY AND WERE GIVEN ACCESS TO ALL TBF PROGRAMMING. AS OF FISCAL YEAR 2022, WE HAVE SUPPORTED 2 WOMEN ENTREPRENEURS IN SCIENCE.

VFILES:

IN MAY 2022, TBF LAUNCHED A PARTNERSHIP WITH VFILES TO SUPPORT A VFILES LAB ENTREPRENEUR THROUGH THE TORY BURCH FOUNDATION FELLOWS PROGRAM. THE VFILES FOUNDATION IS A 501(C)(3) ORGANIZATION WITH THE MISSION TO INCREASE BUSINESS OWNERSHIP FOR CREATORS IN UNDERREPRESENTED COMMUNITIES (BIPOC, WOMEN, LGBTQ+). THE VFILES FOUNDATION PROVIDES SEED GRANTS, MENTORSHIP, AND SOFT SKILLS TRAINING THROUGH ITS FLAGSHIP

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number

26-3660127

PROGRAM, VFILES LAB. ONE ENTREPRENEUR WAS CHOSEN TO PARTICIPATE IN THE
 TBF FELLOWS COMMUNITY AND WAS GIVEN ACCESS TO ALL THE TBF PROGRAMMING.
 AS OF FISCAL YEAR 2022, WE HAVE SUPPORTED ONE VFILES ENTREPRENEUR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION PROGRAMS:

SMALL BUSINESS WEBINARS

TBF PROVIDES EDUCATIONAL RESOURCES TO WOMEN ENTREPRENEURS. AS A RESULT
 OF THE COVID-19 PANDEMIC, TBF PIVOTED TO OFFER SMALL BUSINESS OWNERS
 CREDIBLE, QUALITY INFORMATION FOR FREE TO HELP THEM NAVIGATE THE
 CHANGING LANDSCAPE. STARTING IN APRIL 2020, TBF LAUNCHED A RECURRING
 SMALL BUSINESS WEBINAR SERIES TO PROVIDE THE MOST RELEVANT AND CURRENT
 INFORMATION FOR WOMEN BUSINESS OWNERS. THE SERIES IS MODERATED BY THE
 TBF TEAM AND FEATURES TOP EXPERTS. ADDITIONALLY, TBF CONTINUES TO
 PRODUCE FREE ARTICLES AND ONLINE TOOLS FOR OUR COMMUNITY IN ORDER TO
 ENSURE SMALL BUSINESS OWNERS HAVE THE RESOURCES THEY NEED TO SURVIVE
 AND SUSTAIN BEYOND THE PANDEMIC.

DIGITAL RESOURCES

THE TBF WEBSITE IS A DIGITAL RESOURCE HUB WITH COMPREHENSIVE AND TIMELY
 CONTENT FOR ENTREPRENEURS. FEATURING OVER 300+ ARTICLES, TOOLS AND
 ONLINE VIDEOS ADDRESSING BUSINESS TOPICS SUCH AS FINANCE, MARKETING,
 OPERATIONS AND MORE. THERE IS ALSO A DONATION PORTAL FOR THE PUBLIC AT
 WWW.TORYBURCHFOUNDATION.ORG/DONATE.

EXPENSES \$ 329,481. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0.

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

Name of the organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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TORY BURCH (FOUNDER AND DIRECTOR), ROBERT ISEN (CHAIRPERSON), AND JAMES ROBINSON (SECRETARY) HAVE A FAMILY RELATIONSHIP.

TORY BURCH (FOUNDER AND DIRECTOR) AND ROBERT ISEN (CHAIRPERSON) HAVE A BUSINESS RELATIONSHIP.

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

TORY BURCH FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY TRANSMITTED TO THE FINANCE/AUDIT COMMITTEE FOR REVIEW AND APPROVAL. IT IS THEN PROVIDED TO AND APPROVED BY THE FULL BOARD OF DIRECTORS AT THE RECOMMENDATION OF THE FINANCE COMMITTEE PRIOR TO SUBMISSION TO THE IRS.

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

TORY BURCH FOUNDATION HAS IN PLACE A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO ALL DIRECTORS AND PRINCIPAL OFFICERS. EACH DIRECTOR AND OFFICER IS REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. AN INTERESTED PERSON MUST DISCLOSE AS SOON AS PRACTICABLE TO THE DIRECTORS THE EXISTENCE OF A POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE CONFLICT. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, THE INTERESTED PERSON WITH WHOM THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE LEAVES THE ROOM AND THE REMAINING BOARD DECIDE IF A CONFLICT OF INTEREST EXISTS. WITH RESPECT TO ANY BOARD DISCUSSION, DECISION, OR ACTIONS INVOLVING TRANSACTIONS IN WHICH A DIRECTOR OR OFFICER HAS A CONFLICT OF INTERESTS, THE MINUTES OF THE GOVERNING BOARD WILL

Name of the organization TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
---	--

REFLECT THE BOARD'S DELIBERATIONS AND VOTING PROCESS.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON THE ORGANIZATION'S WEBSITE, GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 11 WEST 19TH STREET, 7TH FLOOR, NEW YORK, NY 10011.

FORM 990, PART VII, SECTION A:

THE PRESIDENT OF TORY BURCH FOUNDATION, INC. (FOUNDATION) IS EMPLOYED AND COMPENSATED BY TORY BURCH LLC. HER TIME IS DONATED BY TORY BURCH LLC.

IN ADDITION, THE PRESIDENT WAS PAID \$24,500 BY THE FOUNDATION IN 2022 FOR MARKETING AND EVENT SERVICES RENDERED TO THE FOUNDATION THROUGH HER LLC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT REFUND NETTED AGAINST GRANT EXPENSES	106,395.
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FORM 990, PART XII, LINE 2C:

THE FOUNDATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION ON AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

