# \*\*\* PUBLIC DISCLOSURE COPY \*\*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and ending	SEP 30, 202	3
<b>B</b> c	heck if oplicable	C Name of organization	D Employer ident	
	Addres	TORY BURCH FOUNDATION, INC.		
	Name change	Doing business as	26-3660	127
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/si	uite <b>E</b> Telephone numb	per
	Final return/	11 WEST 19TH STREET, 7TH FL	646-723	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	3,808,178.
	Amend return	NEW YORK, NY 10011	H(a) Is this a group	
	Applica tion	F Name and address of principal officer: LAUKIE FABIANO	for subordinat	es? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates	s included? Yes No
			527 If "No," attach	a list. See instructions
	Vebsite		H(c) Group exempt	
			ear of formation: 2008	M State of legal domicile: DE
Pa		Summary	ED MOMENT ENTER	
ě		Briefly describe the organization's mission or most significant activities: TO EMPOW		REPRENEURS
anc	_	BY PROVIDING ACCESS TO CAPITAL, EDUCATION AND		
Governance		Check this box if the organization discontinued its operations or disposed of m		1
Š		Number of voting members of the governing body (Part VI, line 1a)		16 4 16
જ		Number of independent voting members of the governing body (Part VI, line 1b)  Cotal number of individuals employed in calendar year 2022 (Part V, line 2a)		5 0
ties		Fotal number of volunteers (estimate if necessary)		
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12		
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11		
			Prior Year	Current Year
•	8 (	Contributions and grants (Part VIII, line 1h)	6,280,021	. 2,998,588.
nue		Program service revenue (Part VIII, line 2g)	0	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	43,495	. 532,001.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,323,516	. 3,530,589.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,589,250	1,576,873.
	<b>14</b> E	Benefits paid to or for members (Part IX, column (A), line 4)	0	
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,000	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
xbe		Total fundraising expenses (Part IX, column (D), line 25)		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,645,800	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,266,050	
	19 F	Revenue less expenses. Subtract line 18 from line 12	57,466	
s or			Beginning of Current Yea	
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	16,399,744	
et A	21	Fotal liabilities (Part X, line 26)	371,437 16,028,307	
Pa	22 I	Net assets or fund balances. Subtract line 21 from line 20	10,020,307	•  17,133,411•
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the hest of i	my knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		my knowledge and belief, it is
ii uo,	0011001	, and complete. Declaration of proparer (other than officer) is based on an information of which propa	arer mas arry knowledge.	
Sigr	<b>,</b>	Signature of officer	Date	
Her		ROBERT ISEN, CHAIR		
	آ آ	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		GARRETT M. HIGGINS GARRETT M. HIGGINS	08/14/24 if self-emp	P00543209
Prep		Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC		87-3231666
Use	г	Firm's address 245 PARK AVENUE, 12TH FLOOR		
		NEW YORK, NY 10167	Phone no. 2	12-286-2600
May	the IR	S discuss this return with the preparer shown above? See instructions	·	X Yes No

11200814 756359 1772611.000

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democracy government on the art ix, column (x), into 1: 11 Tes, complete schedule i, Parts Land II	<u> </u>		L

Form 990 (2022) TORY BURCH FOUNDATION, INC.

Part IV | Checklist of Required Schedules (continued)

ı aı	Officerist of Required Scriedules (continued)			
	B::		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
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? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		Х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		_X_
	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	6		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2	36		
31		37		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 53			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2022) TORY BURCH FOUNDATION, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			37
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		25
b				6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fi	le a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by th	е			
	· · · · · · · · · · · · · · · · · · ·			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	10a	I			
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-		
11	Section 501(c)(12) organizations. Enter:	100	1	1		
	Gross income from members or shareholders	11a	I			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1			
	organization is licensed to issue qualified health plans	13b		4		
	Enter the amount of reserves on hand	13c				37
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		Х
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	i ii iCOl	ne?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

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				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	16			
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by tl				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code.)			
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter				
	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	ore filing the form?	11a	Х	
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		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or	describe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approval by in	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v	with a			
	taxable entity during the year?		16a		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	n's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on S	Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest policy, and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books are	nd 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

X

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	n pen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtiona	_	nploy	st cor	_	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			<b>g</b>
(1) LAURIE FABIANO	40.00		_							
PRESIDENT				Х				0.	0.	0.
(2) TORY BURCH	3.00									
FOUNDER AND DIRECTOR		Х		Х				0.	0.	0.
(3) ROBERT ISEN	3.00									
CHAIR		Х		Х				0.	0.	0.
(4) REEPAL SHAH	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) JAMES ROBINSON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) HAYLEY BOESKY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SUSAN DUFFY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) YASMIN GREEN	1.00									
DIRECTOR		X						0.	0.	0.
(9) SAVARIA HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TRACEY KOZMETSKY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) LAURA MANESS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JANE OCH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) PERRI PELTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DEBORAH ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TONY TJAN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ANDREA WISHOM	1.00									
DIRECTOR		Х						0.	0.	0.
(17) VIVIAN ZELTER	1.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2022)

26-3660127

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)	-
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not ch unles	Pos neck i ss per	ition more rson is	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal	1							0.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but n	ot limited to th	റടല	liste	d ah	OVE	) wh	o re	ceived more than \$100	000 of reportable	

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
REDROCK ENTERTAINMENT SERVICES, 435 SOUTH	EVENT MANAGEMENT	
SAN FERNANDO BOULEVARD, BURBANK, CA 91502	SERVICES	254,525.
GROW, 400 GRANBY STREET, SUITE 200,	INFORMATION	
NORFOLK, VA 23510	TECHNOLOGY SERVICES	205,014.
GREAT PERFORMANCES, 2417 THIRD AVENUE,		
SUITE 300, BRONX, NY 10451	CATERING SERVICES	176,205.
4WALL ENTERTAINMENT INC.	AUDIO/VISUAL	
1 CAROL PLACE, MOONACHIE, NJ 07074	SERVICES	166,389.
VIMEO, INC.	VIDEO HOSTING	
555 WEST 18TH STREET, NEW YORK, NY 10011	SERVICES	102,928.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

Form 990 (2022)

0

		Check if Schodule Checking a rec	nanca ar nata ta any lin	o in this Dort VIII			
		Check if Schedule O contains a res	ponse or note to any iir	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovellae	function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a	1				
ran	b	Membership dues 1k					
2 E	С	Fundraising events1	;				
ifts		Related organizations 1c	1				
o je		Government grants (contributions)					
Sin		All other contributions, gifts, grants, and	<u> </u>	-			
ĒĒ	'	1 - 1 - 1	2 000 500				
들됨		similar amounts not included above 1f		-			
Contributions, Gifts, Grants and Other Similar Amounts	g	——————————————————————————————————————	\$ 50,022.	0 000 500			
<u>0</u> <u>p</u>	h	Total. Add lines 1a-1f		2,998,588.			
			Business Code				
ė	2 a						
Z o	b	·					
Se	С						
ž š	d						
P	e						
Program Service Revenue	f	All other program service revenue		1	1		
_							
-		Total. Add lines 2a-2f					
	3	Investment income (including dividends		E 4 2 4 0 0			543,488.
				543,488.			343,400.
	4	Income from investment of tax-exempt	•				
	5	Royalties					
		(i) Re	eal (ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Secu					
		assets other than inventory 7a 266, 1					
	h	Less: cost or other basis					
ø)			89				
ğ		and sales expenses 75 277, 5 Gain or (loss) 7c -11, 4	197	-			
Revenue	С.	Gain or (loss) [76] III, 4	• 0 7 •	-11,487.			-11,487.
		Net gain or (loss)		-11,40/.			-11,40/•
ther	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				
	С	Net income or (loss) from fundraising ev	rents				
	9 a	Gross income from gaming activities. S	ee				
		Part IV, line 19					
	b	Less: direct expenses					
		Net income or (loss) from gaming activit					
		Gross sales of inventory, less returns					
	10 4	and allowances	100				
				-			
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inven					
Ø			Business Code				
o o	11 a				1		
Miscellaneous Revenue	b	·					
e še	С	·					
ļšć B	d	All other revenue					
2		Total. Add lines 11a-11d					
		Total revenue. See instructions		3,530,589.	0.	0.	532,001.

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,160,000. 1,160,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 216,873. 216,873. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 200,000. 200,000. individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 94,508. 94,508. Accounting Lobbying Professional fundraising services. See Part IV, line 17 11,287. 11,287. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 13,354. 13,354. column (A), amount, list line 11g expenses on Sch O.) 288,078. 282,899. 5,179. Advertising and promotion 12 19,224. 50. 19,174. Office expenses 13 40,000. 5,000. 35,000. Information technology 14 15 Royalties 16 Occupancy 116,047. 89,360. 26,687. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 202,962. 202,962. 22 Depreciation, depletion, and amortization 8,918. 8,918. 23 Other expenses. Itemize expenses not covered 24 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.) 428,423. 426,413. 2,010. MENTORING/EDU. EVENTS PROGRAMMING/PRODUCTION 5,710. 5,710. С d All other expenses 2,805,384. 2,399,659. 405,725. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

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

#### Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 273,878. 142,831. 1 Cash - non-interest-bearing 9,120,837. 11,774,396. Savings and temporary cash investments 2 3,815,794. 1,802,585. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 1,777. 59,091. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 2,134,923. 2,531,806. 11 11 Investments - publicly traded securities 484,236. 435,244. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 568,299. 624,854. 15 Other assets. See Part IV, line 11 15 16,399,744. 17,370,807. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 117,494. 23,192. Accounts payable and accrued expenses 17 17 199,543. 18 137,804. 18 Grants payable 54,400. 54,400. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 371,437. 215,396. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 16,028,307. 27 17,155,411. 27 Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 16,028,307. 17,155,411. Total net assets or fund balances 32 32 16,399,744. 17,370,807. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

#### **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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

TORY BURCH FOUNDATION, INC. 26-3660127

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

				ί υ		. ,						
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	າ 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	•				• •	oublic described in				
		section 170(b)(1)(A)(vi). (C	•		Ü							
8		A community trust describe	• •	1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org			•	ed in coniu	ınction with a land-grant	college				
		or university or a non-land-g				-	-	-				
		university:	,gg			,,	,					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. and	d aross receipts from				
		activities related to its exem										
		income and unrelated busin		•				-				
		See section 509(a)(2). (Con		(1000 00011011 0111 1427) 110		ooo aoqa.	. oa zy me organizanom c					
11		An organization organized a	•	vely to test for public sat	fetv. See	section 50	09(a)(4).					
12		An organization organized a	•	•	•			purposes of one or				
-		more publicly supported or	•	· · ·	-		•					
			-									
а		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-						
		•			majority o	in the direc	1010 01 tradition of the ot	apporting				
b		organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having										
~		control or management o	•					-				
		organization(s). You mus			arric perso	110 11101 00	ntion of manage the supp	Sortou				
С		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with				
Ŭ		its supported organization	-				• •	with,				
d		Type III non-functionally		·				zation(s)				
ŭ		that is not functionally int					• • • • •					
		requirement (see instructi	-	•	•			7011033				
е		Check this box if the orga	·	-								
·		functionally integrated, or					Type i, Type ii, Type iii					
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,								
g		ride the following information	-	d organization(s)								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				above (oce mondonomy)								
Γota	al .											

Schedule A (Form 990) 2022 TORY BURCH FOUNDATION, INC. 26-3660127 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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  The portion of total contributions by each person (other than a	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  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  The portion of total contributions by each person (other than a	
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a	
ization'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	93558.
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a	93558.
The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3	93558.
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 2932433. 5365048. 5217468. 6280021. 2998588. 2279  5 The portion of total contributions by each person (other than a	93558.
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 2932433. 5365048. 5217468. 6280021. 2998588. 2279  5 The portion of total contributions by each person (other than a	93558.
the organization without charge  4 Total. Add lines 1 through 3	93558.
4 Total. Add lines 1 through 3 2932433. 5365048. 5217468. 6280021. 2998588. 2279 5 The portion of total contributions by each person (other than a	93558.
5 The portion of total contributions by each person (other than a	
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,	
	27882.
	65676.
Section B. Total Support	000101
	f) Total
7 Amounts from line 4 2932433. 5365048. 5217468. 6280021. 2998588.227	
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 126,118. 60,033. 7,509. 47,430. 543,488. 78	4 578.
	<del>1</del> ,370•
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.)	78136.
	70130.
12 Gross receipts from related activities, etc. (see instructions)	
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 Section C. Computation of Public Support Percentage	<u></u>
	.18 %
	20
15 Public support percentage from 2021 Schedule A, Part II, line 14	.38 %
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	e,
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization	T
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	Ī
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
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  Schedule A (Form	

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## 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.)

Sed	ction A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	%
	Public support percentage from 2021		-			16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4-		
4a		
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Fai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1	1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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 Net short-term capital gain  2 Recoveries of prior-year distributions  3 Other gross income (see instructions)  4 Add lines of through 3.  5 Depreciation and depletion  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)  7 Other expenses (see instructions)  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)  (B) Current Year (optional)  (B) Current Year (optional)  (C) Other expenses (see instructions)  7 A gregate 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  b Average monthly cash balances  1 C Fair market value of other non-exempt-use assets  1 C G Total (add lines 1a, 1b, and 1c)  1 Discount claimed for blockage or other factors (explain in Part VII):  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash desende held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3).  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 A Becoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6).  8 Minimum asset amount for prior year (from Section A, line 8, column A).  1 Adjusted net income for prior year (from Section B, line 8, column A).  4 Enter greater of line 2 or line 3.  4 Enter greater of line 2 or line 3.  4 Enter greater of line 2 or line 3.  4 Enter greater of line 2 or line 3.	Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting								
Section A - Adjusted Net Income  (A) Prior Year (politonal)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (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 b Average monthly value of securities b Average monthly value of securities 1 to C Fair market value of other non-exempt-use assets 1 to C Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 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) 7 Aligned net income for prior year (from Section B, line 8, column A) 8 Minimum asset amount for prior year (from Section B, line 8, column A) 8 Minimum asset amount for prior year (from Section B, line 8, column A)	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.								
Section A - Adjusted Net Income  (A) Prior Year (optional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of properly held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (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 b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VII): 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 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) 3 4 Cash demed held for exempt use.		All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.						
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7 Other expenses (see instructions) 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 1 a b Average monthly cash balances 1 b c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 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) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Acceptable Amount		collection of gross income or for management, conservation, or								
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Section B - Minimum Asset Amount  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  b Average monthly value of securities  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)	7	Other expenses (see instructions)	7							
Section B - Minimum Asset Amount  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  b Average monthly value of other non-exempt-use assets  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors  (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Recoveries of prior-year distributions  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)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)	Sect	ion B - Minimum Asset Amount		(A) Prior Year						
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A)	1	Aggregate fair market value of all non-exempt-use assets (see								
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Individual services assets assets and the services assets assets and the services assets assets and the services assets assets assets and the services assets assets and the services assets		instructions for short tax year or assets held for part of year):								
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4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)	2	Acquisition indebtedness applicable to non-exempt-use assets	2							
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	3	Subtract line 2 from line 1d.	3							
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	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)			4							
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  2 Minimum asset amount for prior year (from Section B, line 8, column A)  3 Minimum asset amount for prior year (from Section B, line 8, column A)	6	Multiply line 5 by 0.035.	6							
Section C - Distributable Amount  Current Year  Adjusted net income for prior year (from Section A, line 8, column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, column A)  Minimum asset amount for prior year (from Section B, line 8, column A)  3	7	Recoveries of prior-year distributions	7							
Section C - Distributable Amount  Current Year  Adjusted net income for prior year (from Section A, line 8, column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, column A)  Minimum asset amount for prior year (from Section B, line 8, column A)  3	8	Minimum Asset Amount (add line 7 to line 6)	8							
2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)3	Sect				Current Year					
2Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)3	1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3										
-										
5 Income tax imposed in prior year 5		-	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · ·								
emergency temporary reduction (see instructions).	=	, , , , , , , , , , , , , , , , , , ,	6							
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7			d Type III supporting orga	nization (see					
instructions).	-	•	,	71	, , , , , , , , , , , , , , , , , , ,					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

**b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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 23.18%, 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

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.

TORY GREW UP ON A FARM IN VALLEY FORGE, PENNSYLVANIA, AND STUDIED ART HISTORY AT THE UNIVERSITY OF PENNSYLVANIA. SHE MOVED TO NEW YORK IN THE 1990S AND WORKED FOR ZORAN, HARPER'S BAZAAR, RALPH LAUREN, VERA WANG, AND LOEWE.

TORY LAUNCHED HER COLLECTION IN 2004 WITH A CLEAR PURPOSE: TO BUILD A

GLOBAL LUXURY LIFESTYLE BRAND THAT WOULD SUPPORT A FOUNDATION FOR WOMEN'S

EMPOWERMENT.

HER AESTHETIC IS ANCHORED IN THE RELAXED ELEGANCE OF AMERICAN SPORTSWEAR,

KNOWN FOR ITS CRAFTMANSHIP AND QUALITY. AS HER COLLECTIONS EVOLVE, HER

AMBITION REMAINS THE SAME: TO INSPIRE WOMEN TO EMBRACE THEIR INDIVIDUALITY

AND PERSONAL STYLE.

IN 2009, TORY ESTABLISHED THE TORY BURCH FOUNDATION TO PROVIDE WOMEN

ENTREPRENEURS IN THE UNITED STATES WITH CAPITAL, EDUCATION, AND COMMUNITY.

EVERY TORY BURCH PRODUCT SUPPORTS THE FOUNDATION'S WORK TO EMPOWER WOMEN.

THROUGH HER UNIQUE HYBRID MODEL, TORY HAS CREATED A PARADIGM FOR AUTHENTIC

BRAND PURPOSE.

TORY HAS BEEN RECOGNIZED WITH NUMEROUS AWARDS AND HONORS, INCLUDING THE

2024 TIME 100, HARPER'S BAZAAR'S DESIGNER OF THE YEAR, THE CFDA FOR

ACCESSORY DESIGNER OF THE YEAR, THE PARSONS SCHOOL OF DESIGN'S TABLE

AWARD, FORBES'S MOST POWERFUL WOMEN IN THE WORLD, AND THE BREAST CANCER

RESEARCH FOUNDATION'S SANDRA TAUB HUMANITARIAN AWARD. HER FIRST BOOK, TORY

BURCH IN COLOR (ABRAMS, 2014), WAS A NEW YORK TIMES BEST SELLER, AND HER

DESIGNS HAVE BEEN FEATURED IN THE METROPOLITAN MUSEUM OF ART'S COSTUME

INSTITUTE.

TORY SERVES ON SEVERAL BOARDS, INCLUDING THE COUNCIL OF FASHION DESIGNERS

OF AMERICA, THE WHARTON SCHOOL'S JAY H. BAKER RETAILING CENTER, 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 TRUSTEE AT THE BARNES FOUNDATION.

#### HAYLEY BOESKY

HAYLEY BOESKY IS A MANAGING DIRECTOR AND EXECUTIVE VICE CHAIRMAN OF GLOBAL CORPORATE & INVESTMENT BANKING AT BOFA SECURITIES. IN THIS ROLE, SHE COLLABORATES ACROSS ALL ENTERPRISE LINES OF BUSINESS TO DEEPEN RELATIONSHIPS WITH THE FIRM'S CLIENTS AROUND THE WORLD. SHE ALSO SERVES AS A LIAISON WITH THE GLOBAL POLICY MAKING COMMUNITY, FOSTERING CONNECTIVITY ON AREAS AT THE FOREFRONT OF MARKET AND REGULATORY DEVELOPMENTS.

BEFORE JOINING BANK OF AMERICA, HAYLEY WAS A VICE PRESIDENT AND DIRECTOR OF MARKET ANALYSIS AT THE FEDERAL RESERVE BANK OF NEW YORK. PRIOR TO JOINING THE FEDERAL RESERVE, HAYLEY WAS A DIRECTOR AT MOORE CAPITAL MANAGEMENT. SHE BEGAN HER CAREER WITH GOLDMAN SACHS WHERE SHE SERVED AS CHIEF U.S. RATES STRATEGIST.

HAYLEY SERVES ON SEVERAL BOARDS AND COMMITTEES INCLUDING THE IMF'S FINANCIAL INSTITUTIONS CONSULTATIVE GROUP, THE FINANCIAL SECTOR ADVISORY COUNCIL, THE HARVARD KENNEDY SCHOOL CENTER FOR BUSINESS AND GOVERNMENT ADVISORY BOARD, AND THE BRETTON WOODS COMMITTEE ADVISORY COUNCIL.

HAYLEY IS A DIRECTOR OF THE TORY BURCH FOUNDATION AND SERVES ON THE EXECUTIVE COMMITTEE OF THE BOARD OF OVERSEERS FOR THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF ARTS AND SCIENCES. IN ADDITION, HAYLEY IS A MEMBER THE COUNCIL ON FOREIGN RELATIONS. HAYLEY ALSO SITS ON THE INNOVATION Schedule A (Form 990) 2022 BOARD OF THE XPRIZE FOUNDATION, WHICH IS A NON-PROFIT ORGANIZATION THAT

DESIGNS AND HOSTS PUBLIC COMPETITIONS INTENDED TO ENCOURAGE TECHNOLOGICAL

DEVELOPMENT. SHE ALSO SERVES ON THE FOUNDATION BOARD FOR U.S. SKI &

SNOWBOARD.

HAYLEY 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 SHE

STUDIED MATHEMATICS, ASTROPHYSICS AND FRENCH AS 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 A PORTFOLIO OF UNITS INCLUDING THEUNIVERSITY'S EFFORTS IN WOMEN'S

LEADERSHIP, THE ACCELERATE: INNOVATION + ENTREPRENEURSHIP CENTER, THE

CO-OPS + CAREERS DIVISION, AND WORKFORCE DEVELOPMENT AND PROFESSIONAL

EDUCATION. 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

HEALTHCARE. 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 WAS NAMED PRACTITIONER OF THE YEAR FROM THE

UNITED STATES ASSOCIATION FOR SMALL BUSINESS AND ENTREPRENEURSHIP. SUSAN

SERVES AS A MENTOR IN THE INTERNATIONAL WOMEN'S FORUM PAY IT FORWARD

PIPELINE	PROGI	RAM,	IS	Α (	CAR	EER .	AND	LEAI	DERS	SHIP	DE	ELOPMENT	COACH,	AND	
VOLUNTEER	S AT	THE	WOM	1EN	'ន	LUNC	н Р	LACE	IN	BOST	NO	MA.			

#### 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

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."

#### SAVARIA HARRIS

SAVARIA HARRIS IS THE ASSOCIATE GENERAL COUNSEL FOR HEALTHCARE

COMPLIANCE AT AMAZON HEALTH SERVICES, WHERE SHE LEADS THE LEGAL TEAM

SUPPORTING HEALTHCARE COMPLIANCE FUNCTIONS SUCH AS BILLING, AUDIT, RISK

ASSESSMENT, AND RISK MANAGEMENT WITH A FOCUS ON GOVERNMENT PROGRAMS

COMPLIANCE.

PREVIOUSLY, SAVARIA WAS A VICE PRESIDENT OF LAW AT JOHNSON & JOHNSON,

ADVISING ON PATIENT ASSISTANCE PROGRAMS ACROSS ALL JANSSEN THERAPEUTIC

AREAS. SHE RECEIVED THE 2022 JANSSEN BRAVO AWARD FOR TRYING NEW THINGS

AND THE 2020 JANSSEN BRAVO AWARD FOR DRIVING DISRUPTIVE INNOVATION.

SAVARIA HAS ALSO BEEN A SPEAKER ON INNOVATION AT TEDXJNJ, CHAIRED THE

JOHNSON & JOHNSON CORPORATE CHAPTER OF THE WOMEN'S LEADERSHIP &

INCLUSION EMPLOYEE RESOURCE GROUP, AND CREATED THE WLI ELEVATE

INITIATIVE.

BEFORE HER TIME AT JOHNSON & JOHNSON, SAVARIA WAS A LITIGATION PARTNER

AT DLA PIPER AND KIRKLAND & ELLIS LLP. SHE ALSO TAUGHT BUSINESS ETHICS

AT GEORGETOWN UNIVERSITY SCHOOL OF CONTINUING STUDIES. SAVARIA HOLDS A

J.D. FROM GEORGETOWN UNIVERSITY LAW CENTER AND A B.A. WITH DISTINCTION

FROM YALE UNIVERSITY.

OUTSIDE OF HER PROFESSIONAL WORK, SAVARIA IS DEDICATED TO SUPPORTING
WOMEN'S PROFESSIONAL AND ECONOMIC ADVANCEMENT THROUGH THE UNLOCKED
FOUNDATION AND THE TORY BURCH FOUNDATION.

## 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

Schedule A (Form 990) 2022

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
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.

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.)

### LAURA MANESS

AS GREY'S GLOBAL CEOTHE SIXTH IN THE AGENCY'S CELEBRATED 105-YEAR
HISTORY, AND THE FIRST FEMALELAURA HAS SOLIDIFIED AND GALVANIZED A
GLOBAL LEADERSHIP TEAM FOCUSED ON ONE VISION, TO DELIVER "FAMOUSLY
EFFECTIVE" WORK. SINCE JOINING IN 2022, HER LEADERSHIP HAS RESULTED IN
RECORD AWARD WINS AND INDUSTRY HONORS, INCLUDING NEWSWEEK NAMING GREY A
TOP 100 GLOBAL MOST LOVED WORKPLACE, WINNING GRAND EFFIES IN EVERY
MARKET, AND BEING SHORTLISTED AS GLOBAL AGENCY OF THE YEAR BY CAMPAIGN.
SHE WAS ALSO CELEBRATED AS ACT RESPONSIBLE'S AD INDUSTRY CHAMPION OF
GOOD AT THE 2022 CANNES LIONS INTERNATIONAL FESTIVAL OF CREATIVITY, THE
2023 CREATIVEPOOL CREATIVE LEADER OF THE YEAR & AGENCY OF THE YEAR, AND
THE 2024 CAMPAIGN US CLASS OF INSPIRING WOMEN, AMONG OTHERS.

PRIOR TO GREY, LAURA WAS CEO OF HAVAS NEW YORK WHERE SHE STEERED A

TURNAROUND THAT EARNED THE AGENCY NUMEROUS "BEST OF" HONORS. RECENTLY

NAMED 50 WOMEN TO WATCH FOR BOARDS, SHE SITS ON SEVERAL BOARDS

INCLUDING THE TORY BURCH FOUNDATION, ALEMBIC, FLIP.SHOP, AND B LAB U.S.

& CANADA, THE GOVERNING BODY OF THE B CORP MOVEMENT. SHE IS ALSO A

FOUNDING MEMBER OF CHIEF, THE POST, WOMEN'S PURPOSE COMMUNITY,

FORBESWOMEN FORUM AND FAST COMPANY IMPACT COUNCIL. THE COMMON THREAD IS

LAURA'S BELIEF THAT PEOPLE GENUINELY HAVE THE POWER AND THE OBLIGATION

TO APPLY THEIR MINDS AND MIGHT TO DO GOOD, IN THE WORKPLACE AND IN THE

WORLD.

JANE C. OCH

JANE BEGAN HER INVESTMENT CAREER IN 1986 AT GOLDMAN SACHS GROUP, INC.

AS AN EQUITY SALES SPECIALIST. SHE HAS ENJOYED ROLES AT TIGER

MANAGEMENT, AS AN ANALYST AND AT THE PORTFOLIO STRATEGY GROUP, AS A

PARTNER. IN 2011, SHE AND HER HUSBAND, DANIEL OCH, CO-FOUNDED

WILLOUGHBY CAPITAL HOLDINGS, LLC, A PRIVATE INVESTMENT FIRM.

IN 2012, JANE CO-FOUNDED A CONSUMER-GOODS COMPANY WHICH OVERSES THE

DEVELOPMENT, MANUFACTURING, MARKETING AND SALES OF THE GUAC-LOCK. JANE

IS ALSO A CO-FOUNDER/INVENTOR OF THE INSIDE SCOOP.

JANE IS A DEDICATED PHILANTHROPIST AND ACTIVELY SUPPORTS INITIATIVES

PROMOTING WOMEN. IN 2008, SHE AND HER HUSBAND FORMED THE JANE AND

DANIEL OCH FAMILY FOUNDATION, WHICH FUNDED THE OCH INITIATIVE FOR WOMEN

IN FINANCE AT THE ROSS SCHOOL OF BUSINESS AT THE UNIVERSITY OF

MICHIGAN. JANE SERVES ON THE BOARDS OF HARLEM VILLAGE ACADEMIES, FACING

HISTORY AND OURSELVES AND HEBREW FREE LOAN SOCIETY. SHE SERVES ON THE

UNIVERSITY OF MICHIGAN'S PRESIDENT'S ADVISORY GROUP AND ON THE

UNIVERSITY'S ROSS SCHOOL OF BUSINESS ADVISORY BOARD. JANE IS A MEMBER

OF NY ANGELS AND ITS SISTER ORGANIZATION, MENTORS+ANGELS.

JANE HOLDS A BACHELOR OF BUSINESS ADMINISTRATION AND MASTER OF

ACCOUNTING FROM THE ROSS SCHOOL OF BUSINESS AT THE UNIVERSITY OF

MICHIGAN.

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

Schedule A (Form 990) 2022

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.

#### 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.

IN HIS SPARE TIME, JAMIE LOVES TO SEARCH FOR "EARTH'S TREASURES" AND

WAS THE FIRST PERSON TO PROVE THAT DINOSAURS AND T REX ONCE ROAMED

SWEET GRASS COUNTY IN MONTANA. HE IS A MEMBER NATIONAL OF THE EXPLORERS

CLUB AND COLLECTS ART AND IS AN ASPIRING CHEF.

#### 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

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. REEPAL HAS BEEN

MARRIED TO SWATI FOR 33 YEARS AND HAS 2 CHILDREN VAREEL AND PAREEL. HE

ENJOYS SPENDING TIME WITH FAMILY AND FRIENDS IN HIS SPARE TIME.

## TONY TJAN

TONY TJAN IS THE CHAIRMAN AND MANAGING PARTNER OF CUE BALL, A PRIVATE

INVESTMENT FIRM BASED IN BOSTON, AND THE CEO AND CO-FOUNDER OF

MINILUXE, A PERSONAL CARE AND LIFESTYLE BRAND THAT SEEKS TO TRANSFORM

THE NAIL CARE INDUSTRY. WITH A FOCUS ON PURPOSE-DRIVEN LONG-TERM

INVESTMENTS, CUE BALL HAS COMMITTED MORE THAN 50% OF ITS CAPITAL TO

WOMEN-LED, INCLUSIONARY VENTURES, MOST NOTABLY MINILUXE, WHOSE

COMPANY'S CORE MISSION IS TO 'EMPOWER AND ENRICH LIVES THROUGH

SELF-EXPRESSION'. PREVIOUSLY, HE WAS THE FOUNDER OF ZEFER, ONE OF THE

EARLIEST WEB APPLICATION COMPANIES AND SEPARATELY, 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.

#### ANDREA WISHOM

ANDREA WISHOM IS A VISIONARY LEADER AND STRATEGIST AT THE FOREFRONT OF
MEDIA, TECHNOLOGY, AND HIGH-IMPACT PROJECTS. AS PRESIDENT OF SKYWALKER
HOLDINGS, LLC, A DIVERSIFIED FAMILY OFFICE, SHE OVERSEES FIDUCIARY,
PHILANTHROPIC, AND STRATEGIC INITIATIVES. WITH A DISTINGUISHED CAREER
SPANNING OVER TWO DECADES AS AN AWARD-WINNING MEDIA EXECUTIVE, MS.
WISHOM HAS EMERGED AS AN INFLUENTIAL FORCE IN THE INDUSTRY.

THROUGHOUT HER 22-YEAR TENURE AT THE OPRAH WINFREY SHOW AND OWN: OPRAH
WINFREY NETWORK, SHE WAS INSTRUMENTAL IN LAUNCHING AND DEVELOPING SOME

OF THE MOST SUCCESSFUL PROGRAMMING IN TELEVISION HISTORY, INCLUDING THE
GROUNDBREAKING "THE OPRAH WINFREY SHOW" AND THE HIGHLY-RATED "OPRAH'S

NEXT CHAPTER." AS EXECUTIVE VICE PRESIDENT OF PROGRAMMING AND

DEVELOPMENT SHE PLAYED A KEY ROLE IN LEADING OWN TO BECOME A TOP 30

NETWORK WITHIN ITS FIRST YEAR AND THE #1 CABLE NETWORK AMONG AFRICAN

AMERICAN WOMEN.

HER EXCEPTIONAL LEADERSHIP HAS BEEN RECOGNIZED WITH NUMEROUS AWARDS,

INCLUDING A GLAAD AWARD FOR AN EPISODE OF SUPER SOUL SUNDAY, WHERE SHE

WAS EXECUTIVE PRODUCER.

CURRENTLY, ANDREA SERVES AS THE LEAD INDEPENDENT DIRECTOR AT PINTEREST

(NYSE: PINS) AND AS A DIRECTOR FOR TORY BURCH LLC AND INFLECTION AI.

SHE PREVIOUSLY SERVED ON THE BOARD OF NEXTDOOR HOLDINGS INC (NYSE:

KIND). DEEPLY COMMITTED TO CIVIC ENGAGEMENT, SHE SERVES ON THE BOARD OF

TRUSTEES FOR THE LUCAS MUSEUM OF NARRATIVE ART, AS A BOARD MEMBER FOR

THE TORY BURCH FOUNDATION, CHICAGO PUBLIC MEDIA AND ON THE ADVISORY

BOARD OF THE U.C. BERKELEY GRADUATE SCHOOL OF JOURNALISM.

#### 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

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2022

**Employer identification number** 

TORY BURCH FOUNDATION, 26-3660127 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## TORY BURCH FOUNDATION, INC.

26-3660127

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>2,794,156</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 29,786.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 20,236.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>15,993.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

TORY	BURCH	FOUNDATION,	INC
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26-3660127

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		\$10,662.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Hume, dudices, and En 1 1	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# TORY BURCH FOUNDATION, INC.

26-3660127

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES		
		\$\$	12/06/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED SECURITIES		
		\$\$	11/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 45		· —	Cabadula B (Farma 000) (0000)

Name of organization **Employer identification number** TORY BURCH FOUNDATION, INC. 26-3660127 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Inspection

Name of the organization

TORY BURCH FOUNDATION, INC.

**Employer identification number** 26-3660127

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			I I
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
_	year		
4	Number of states where property subject to conservation ear	•	•
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer riours devoted to monitoring, inspecting,	Trainding of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	, and an expenses meaned in membering, mepeeting, name	amig or violations, and ornoromig consorve	ation basemente daming the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	n(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

Par	t III Organizations Maintaining Col	lections of Art	t, Histo	orical Tre	easures, or C	ther S	Similar	Assets	(continu	ıed)	<u> </u>
	Using the organization's acquisition, accession								(OOTTERITE	<u></u>	
•	collection items (check all that apply):	,	o, ooo	a, oo							
а	Public exhibition	d		oan or exc	change program						
b	Scholarly research	e			mange program						
c	Preservation for future generations	ū	·								
4	Provide a description of the organization's colle	actions and explain	how the	av further th	ne organization's	evemn	t nurnos	se in Part	XIII		
5	During the year, did the organization solicit or r	•		•	· ·	•		se iiii ait	AIII.		
3	to be sold to raise funds rather than to be main				*				Yes		No
Par	t IV Escrow and Custodial Arrange										110
1 011	reported an amount on Form 990, Part		ote ii tiie	organizatio	manswered re	.5 01110	51111 550	, i ditiv,	ii ic 3, 0i		
12	Is the organization an agent, trustee, custodian		iary for c	ontribution	s or other assets	not inc	luded				
Iu									Yes		No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII an								_ 163		140
b	ii res, explain the arrangement iiri art Alli an	a complete the lor	lowing to	abie.					Amount		
•	Beginning balance						1c		, uniodine		
Q C							1d				
u	Additions during the year										
e	Distributions during the year						1e				
f O-	Ending balance						<u>_1f</u> _		7 v	$\overline{}$	
	Did the organization include an amount on Form					•	·		Yes	$\vdash$	No
Par	If "Yes," explain the arrangement in Part XIII. C <b>t V</b> Endowment Funds. Complete if t										
· ui		(a) Current year		rior year	(c) Two years b			ears back	(e) Four v	/eare h	
	<del></del>	(a) Current year	(D) 1	iloi yeai	(C) Two years b	ack (G	ij Tilloo y	cars back	(e) i oui j	rear 3 b	aux
	Beginning of year balance										
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
3a	Are there endowment funds not in the possess	ion of the organiza	tion that	are held ar	nd administered	for the			_		
	organization by:									/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the or		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipme	nt.									
	Complete if the organization answered '	'Yes" on Form 990	, Part IV	, line 11a. S	See Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulate	ed	(d) Book	value	
		basis (investn	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements			_							
d	Equipment										
	Other										
	Add lines 1a through 1e (Column (d) must out		V aalum	n (D) line 1	00.1						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TORY BURCH I	OUNDATION,	INC. 26	5-3660127 Page
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 990 Part IV lii	ne 11h 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 en	d-of-vear market value
A) = 1	(b) Book value	(b) Method of Valdation. Cost of Gri	d or your market value
,			
2) Closely held equity interests			
3) Other			
(A) (B)			
(C)			
(C) (D)			
(E)			
(E) (F)			
(r) (G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(5) 25511 14.45	(c) meaned or randament coordinate	a or your marries raids
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1)	<u> </u>		<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		I
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,199,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	319,703. 2,360,863.		
b	Donated services and use of facilities	2b	2,360,863.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,680,566. 3,519,302.
3	Subtract line 2e from line 1			3	3,519,302.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,287.	_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,287. 3,530,589.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Stater		ith Expenses per I	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	5,072,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,360,863.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,360,863.
3	Subtract line 2e from line 1			3	2,711,901.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		11,287. 82,196.	_	
b	Other (Describe in Part XIII.)	4b	82,196.		
С	Add lines 4a and 4b			4c	93,483.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,805,384.
Pai	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			l; Part )	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional inf	ormation.		
PAF	RT X, LINE 2:				
TBE	F RECOGNIZES THE EFFECT OF INCOME TAX POS	LTIONS	ONLY IF THO	SE I	POSITIONS
ARI	MORE LIKELY THAN NOT OF BEING SUSTAINED.	• MANA	GEMENT HAS D	ETE	RMINED
					~
THA	AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT	r, MOOT	D KEÖNIKE ET	NAN(	CIAL
<b>с</b> т.	AMERICAN DE CONTENTAN OD DECCE OCUDE MORE EC	110 T O			
STA	ATEMENT RECOGNITION OR DISCLOSURE. TBF IS	NO LO	NGER SUBJECT	' TO	
	WINDHIONG DV MUR ADDITIONER MANAGE TURIO		NG BOD DEDIG	. D. G. 1	DD TOD WO
<u>EX</u>	AMINATIONS BY THE APPLICABLE TAXING JURISI	DICTIO.	NS FOR PERIC	ו צענ	PRIOR TO
~=-	20 0000				
SEL	PTEMBER 30, 2020.				
<b>.</b>	OM				
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
י חי	NIM DESTIND NEMMED ACATNOM COANT SUDSTANCE				00 106
GKF	ANT REFUND NETTED AGAINST GRANT EXPENSES				82,196.

Schedule D (Form 990) 2022	TORY BURCH	FOUNDATION,	INC.	26-3660127 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation (continued)			
-				

## SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Schedule F (Form 990) 2022

Name of the organization **Employer identification number** TORY BURCH FOUNDATION, 26-3660127 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) GRANTMAKING 200,000. 0 0 200,000. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 200,000.

232071 10-17-22

and 3b)

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

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is r	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO SPONSOR INTERNATIONAL TENNIS FEDERATION 2023	200,000.	WIRE	0.		
2 Enter total number of	recipient organization		recognized as charities by the f	oreign country,	recognized as a tax			^

2	Enter total number of other organizations or optities	_	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax		

Schedule F (Form 990) 2022

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes X No

Page 5

# Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

### PART I, LINE 2:

THE FOUNDATION GRANTED THE INTERNATIONAL TENNIS FEDERATION (ITF) \$200,000 AS PART OF A PARTNERSHIP WITH THE BILLIE JEAN KING CUP. THESE FUNDS WERE TO BE USED FOR ACTIVITIES SUPPORTING WOMEN ENTREPRENEURS IN SPORTS, NOTABLY A SPORTS FELLOW THAT JOINED THE FOUNDATION'S FELLOWSHIP PROGRAM AND RECEIVED ADDITIONAL GUIDANCE FROM ITF AND THE BILLIE JEAN KING CUP TEAMS. THE FOUNDATION IS ACTIVELY MONITORING THE USE OF THESE FUNDS THROUGH THE FELLOW'S PARTICIPATION IN THE PROGRAM. THE SPORTS FELLOW IS PROVIDED WITH \$5,000 ON A RESTRICTED-USE PREPAID CREDIT CARD (PEXCARD). THE CARD CAN BE USED FOR BUSINESS EDUCATION EXPENSES, CONFERENCES, BUSINESS COACHING ETC. AS OUTLINED IN THEIR GRANT AGREEMENTS, WHICH THE SPORTS 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. THE SPORTS FELLOW IS REQUIRED TO 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 SPORTS FELLOW TO VERIFY GRANT USE, AS NEEDED.

ANY ADDITIONAL USE OF THE FUNDS MUST BE MUTUALLY AGREED UPON BY THE FOUNDATION AND ITF AND APPROVED BY THE FOUNDATION BEFORE BEING DEPLOYED. THIS PARTNERSHIP BEGAN IN 2022 AND THE PAYMENTS WERE MEANT TO EXTEND OVER TWO YEARS, HOWEVER THE \$100,000 PAYMENTS FOR THE 2022 AND 2023 PARTNERSHIP BOTH FELL WITHIN FY2023.

PART I, LINE 3:

ACCRUAL METHOD OF ACCOUNTING WAS USED TO ACCOUNT FOR EXPENDITURES.

#### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

TORY BURCH FOUNDATION, INC.						26-3660127		
Part I General Information on Grants a		•				•		
Does the organization maintain records to criteria used to award the grants or assist      Describe in Part IV the organization's properties.    Part II   Grants and Other Assistance to I recipient that received more than \$1.00 to the content of the conten	tance? cedures for monit Domestic Organia	oring the use of grant	funds in the United	States.			X Yes No	
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 FOUNDATION 384 NORTHYARDS BLVD NW ATLANTA, GA 30313	82-2178627	501(C)(3)	1,150,000.	0.			TO SUPPORT THE ORGANIZATION'S GRANT PROGRAM TO SMALL BUSINESSES OWNED AND LED	
DOLORES C. HUERTA FOUNDATION P.O. BOX 207 BAKESFIELD, CA 93303	91-2145992	501(C)(3)	10,000.	0.			TO SUPPORT THE ORGANIZATION'S NEIGHBORS UNITED PROGRAM.	
<ul><li>2 Enter total number of section 501(c)(3) at</li><li>3 Enter total number of other organizations</li></ul>	•	•						

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

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	43	216,873.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
GRANTS TO ORGANIZATIONS:						
TORY BURCH FOUNDATION MADE VARIOUS	GRANTS T	O ORGANIZA	TIONS TO S	UPPORT WOMEN		
ENTREPRENEURS. THE FOUNDATION REMA	INS IN CL	OSE CONTAC	T WITH THE	SE		
ORGANIZATIONS THROUGHOUT THE YEAR IN ORDER TO MONITOR THE USE OF THE						
GRANTS. THE GRANTEES MUST PROVIDE V	WRITTEN O	R VERBAL S	TATUS UPDA	TES ON THE		
USAGE OF THE FUND. THE FOUNDATION I	MAY PERIC	DICALLY RE	QUEST INTE	RIM WRITTEN		
REPORTS CONCERNING THE MANNER IN WHICH THE GRANTS WERE EXPENDED AND THE						
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 FOR A TOTAL OF \$250,000 FOR ALL 50 CARDS. 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 EMAIL THE FOUNDATION TEAM BEFORE

Schedule I (Form 990)

Part IV Supplemental Information
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
2023 HAVE UNTIL JUNE 2025 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 FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S GRANT
PROGRAM TO SMALL BUSINESSES OWNED AND LED BY WOMEN OF COLOR.

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 26-3660127

	TORY BURCH FOUNDATION, INC. 26-36603					6601	27	
Pa	rt 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 de noncash contribu	eterminir		3
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	50,022.	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 organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>			0	
						,	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	or			
	exempt purposes for the entire holding period?	?				30a		Х
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							
						Х		
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.		•					

232141 09-09-22

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Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

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# **SCHEDULE O** (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TORY BURCH FOUNDATION, INC.	26-3660127
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
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 TORY BURCH FOUNDATION PARTNERSHIP WITH NEST PROVIDED R	EPAYABLE
GRANTS TO WOMEN ARTISANS AND MAKERS IN SELECT CITIES IN TH	E U.S. AS OF
FY23, THE FOUNDATION HAS SUPPORTED ARTISANS THROUGH THE NE	ST REVOLVING
MAKER FUND SUPPORTED BY THE TORY BURCH FOUNDATION. THIS PR	OGRAM
CONCLUDED IN JULY 2023.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
FELLOWSHIPS:	
IGI FELLOWSHIP	
IN NOVEMBER 2020, THE TORY BURCH FOUNDATION LAUNCHED THE T	ORY BURCH
FELLOWSHIP IN PARTNERSHIP WITH THE INNOVATIVE GENOMICS INS	TITUTE (IGI).
ONE WOMAN SCIENCE ENTREPRENEUR WAS CHOSEN TO BE EMBEDDED A	T 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 FELLO	WS COMMUNITY
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Page 2

Schedule O (Form 990) 2022 **Employer identification number** Name of the organization TORY BURCH FOUNDATION, INC. 26-3660127 AND WERE GIVEN ACCESS TO ALL TBF PROGRAMMING. THIS PROGRAM CONCLUDED IN SEPTEMBER 2023. VFILES IN MAY 2022, THE TORY BURCH FOUNDATION 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. THIS PROGRAM CONCLUDED IN JUNE 2023. BILLIE JEAN KING SPORTS FELLOWSHIP IN APRIL 2023, THE TORY BURCH FOUNDATION LAUNCHED A PARTNERSHIP WITH THE BILLIE JEAN KING CUP AND THE INTERNATIONAL TENNIS FEDERATION TO

SUPPORT WOMEN ENTREPRENEURS IN THE SPORTS INDUSTRY THROUGH THE TORY BURCH FOUNDATION FELLOWS PROGRAM. THIS ENTREPRENEUR WAS ALSO GIVEN ADDITIONAL RESOURCES AND SUPPORT FROM LEADERS IN THE SPORTS INDUSTRY.

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

EDUCATION PROGRAMS:

SMALL BUSINESS WEBINARS

AS A RESULT OF THE COVID-19 PANDEMIC, THE TORY BURCH FOUNDATION PIVOTED TO OFFER SMALL BUSINESS OWNERS CREDIBLE, QUALITY INFORMATION FOR FREE TO HELP THEM NAVIGATE THE CHANGING LANDSCAPE. STARTING IN APRIL 2020,

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization TORY BURCH FOUNDATION, INC.

Employer identification number 26-3660127

THE FOUNDATION 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 FOUNDATION TEAM AND FEATURES TOP

EXPERTS. ADDITIONALLY, THE FOUNDATION 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 TORY BURCH FOUNDATION WEBSITE IS A DIGITAL EDUCATION HUB WITH

COMPREHENSIVE AND TIMELY CONTENT FOR ENTREPRENEURS COVERING A RANGE OF

BUSINESS TOPICS. THE DESTINATION FEATURES OVER 300+ ARTICLES AND ONLINE

VIDEOS, AS WELL AS A BUSINESS PLAN BUILDER AND FUNDING FINDER TOOL.

THERE IS ALSO A DONATION PORTAL FOR THE PUBLIC AT

WWW.TORYBURCHFOUNDATION.ORG/DONATE.

EXPENSES \$ 274,406. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Schedule O (Form 990) 2022 Page 2

Name of the organization TORY BURCH FOUNDATION, INC.

Employer identification number 26-3660127

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 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

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. IN ADDITION, THE FINANCIAL

STATEMENTS, CONFLICT OF INTEREST POLICY, FORM 990, FORM 1023, AND BY-LAWS

ARE ALSO AVAILABLE UPON WRITTEN REQUEST.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization  TORY BURCH FOUNDATION, INC.	Employer identification number 26-3660127
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.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GRANT REFUND NETTED AGAINST GRANT EXPENSES	82,196.
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION'S FINANCE & AUDIT COMMITTEE ASSUMES RESPONS	IBILITY FOR
OVERSIGHT OF THE AUDIT, OF ITS FINANCIAL STATEMENTS, AND S	ELECTION OF
AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FR	OM THE PRIOR
YEAR.	