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	e 2024 calendar year, or tax year beginning OC	<u>'T 1, 2024 and </u>	ending D	EC 31, 2024	
	Check if pplicable	C Name of organization			D Employer identifi	cation number
	Addres	TORY BURCH FOUNDATION,	INC.			
	Name change	Doing business as			26-36601	27
F	Initial return	Number and street (or P.O. box if mail is not delived 11 WEST 19TH STREET, 7T		Room/suite	E Telephone numbe 646-723-	
	⊥return/ termin ated				G Gross receipts \$	2,148,195.
Г	Ameno		o. ioioigii pootai oodo		H(a) Is this a group re	
	Application	F Name and address of principal officer: TIFF	ANY DUFU		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
1.1	Гах-ехе	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527		list. See instructions
J١	Nebsit	te: WWW.TORYBURCHFOUNDATION			H(c) Group exemption	n number
		organization.	ociation Other	L Year	of formation: 2008	M State of legal domicile: DE
Pa	art I	Summary				
4	1	Briefly describe the organization's mission or most si	ignificant activities: ${f TO}$	MPOWER	WOMEN ENTR	EPRENEURS
Governance		BY PROVIDING ACCESS TO CAP	ITAL, EDUCATION	AND C	COMMUNITY.	
ra	2	Check this box if the organization discont	inued its operations or dispos	sed of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (P	Part VI, line 1a)		3	14
	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)		4	14
es 8		Total number of individuals employed in calendar yea				0
₹		Total number of volunteers (estimate if necessary)				98
Activities &		Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 99	90-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ē	l				5,707,809.	1,694,588.
en	1				0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a			674,279.	280,422.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0.	0.
_		Total revenue - add lines 8 through 11 (must equal P			6,382,088. 560,000.	1,975,010. 128,301.
	1	Grants and similar amounts paid (Part IX, column (A)			0.	
	1	Benefits paid to or for members (Part IX, column (A),			0.	0.
ses	15	Salaries, other compensation, employee benefits (Pa			0.	0.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line	E 0 0		<u> </u>	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line and ther expenses (Part IX, column (A), lines 11a-11d, 1			5,250,871.	1,516,379.
		Total expenses. Add lines 13-17 (must equal Part IX,			5,810,871.	1,644,680.
		Revenue less expenses. Subtract line 18 from line 12			571,217.	330,330.
or Sec		rioveride 1600 experioes. Subtract line 16 from line 12		Be	ginning of Current Year	End of Year
Net Assets (20	Total assets (Part X, line 16)			19,770,961.	20,210,677.
ASS	21	T			526,616.	827,366.
- Set	22	Net assets or fund balances. Subtract line 21 from lin			19,244,345.	19,383,311.
	art II	Signature Block		•	-	
Und	er pena	Ities of perjury, I declare that I have examined this return, in	ncluding accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е	ROBERT ISEN, CHAIR				
		Type or print name and title				
			Preparer's signature	1	Date Check	PTIN
Paid			ARRETT M. HIGG		8/15/25 self-employ	
	arer	Firm's name PKF O'CONNOR DAVIE		?	Firm's EIN 3	3-1374517
Use	Only	Firm's address 245 PARK AVENUE, 1	2TH FLOOR			0 006 0500
		NEW YORK, NY 10167			Phone no. 21	2-286-2600
May	the IF	RS discuss this return with the preparer shown above	2 See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO EMPOWER WOMEN ENTREPRENEURS BY PROVIDING ACCESS TO CAPITAL,
	EDUCATION AND COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$447,290. including grants of \$128,301.) (Revenue \$\$
	FELLOWSHIPS:
	THE CUIT PROGRAM
	FELLOWS PROGRAM THE TORY BURCH FOUNDATION FELLOWS PROGRAM IS A NATIONAL PROGRAM FOR
	EARLY-STAGE WOMEN ENTREPRENEURS. WOMEN ENTREPRENEURS FROM ACROSS THE
	UNITED STATES SUBMIT APPLICATIONS ONLINE, 50 WOMEN ENTREPRENEURS ARE
	SELECTED ANNUALLY. EACH FELLOW RECEIVES ONE-YEAR OF VIRTUAL EDUCATION
	PROGRAMMING, WORKSHOPS AND BUSINESS GUIDANCE, A \$5,000 GRANT FOR
	BUSINESS EDUCATION, AND ACCESS TO THE FOUNDATION'S PRIVATE ONLINE PEER
	COMMUNITY OF FELLOWS.
	COMMONITI OF FEELOWS.
4b	(Code:) (Expenses \$165,248including grants of \$0) (Revenue \$
40	EDUCATION PROGRAMS:
	EDUCATION INCOMEND:
	SMALL BUSINESS WEBINARS
	THE TORY BURCH FOUNDATION BUSINESS WEBINARS, POWERED BY BANK OF
	AMERICA, OFFER SMALL BUSINESS OWNERS CREDIBLE, QUALITY INFORMATION FOR
	FREE TO HELP THEM NAVIGATE THE CHANGING LANDSCAPE. THE BI-MONTHLY
	WEBINAR SERIES TO PROVIDE THE MOST RELEVANT AND CURRENT INFORMATION FOR
	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 GROW THEIR
	DIICTNECCEC
4-	(Code:) (Expenses \$
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)
	CAFITAD:
	KIVA LOAN PROGRAM
	THE TORY BURCH FOUNDATION LOAN PROGRAM POWERED BY KIVA PROVIDES WOMEN
	ENTREPRENEURS IN THE UNITED STATES THE OPPORTUNITY TO ACCESS NO
	INTEREST BUSINESS LOANS THROUGH A CROWDFUNDING PLATFORM. THE LOANS ARE
	MADE TO WOMEN ENTREPRENEURS OPERATING EARLY-STAGE VENTURES IN ALL
	INDUSTRIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 366,413 • including grants of \$ 0 •) (Revenue \$ 0 •)
4e	Total program service expenses 1,086,140.

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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			l
	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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, v
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41.		v
4 <i>E</i>	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Α.
16		4.0		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		 ^ `
18		18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^ `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19 20a		X
20a h		20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~ 1</u>	domestic government on Part IX column (A) line 12 If "Voc " complete Schodule I. Parts I and II.	21	x	

Form 990 (2024) TORY BURCH FOUNDAT
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	Х	_X_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization required, terminate, or dissolve and cease operations: If "Yes," complete Scriedule N, Part I	31		
OZ.	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Officery if Confidence Of Contrains a response of flote to any life in this Part V			N ₂
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
432004	4 12-10-24		990	(2024)

1024) TORY BURCH FOUNDATION, INC.

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α
d	• • • • • • • • • • • • • • • • • • • •	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
_				_

Form **990** (2024)

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	1	.4		
	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	1b	1	.4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?		•	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
				3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
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 read	ched a	the			
	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 Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," de	escribe			
	on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent			
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$					
	The organization's CEO, Executive Director, or top management official					X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	th 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	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	'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	nd 990	T (section 501(c)	3)s only)	availal	ole
	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		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, a	and finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's box ${\tt FLYNN}$ ${\tt FAMILY}$ ${\tt OFFICE}$ - ${\tt 212-202-3230}$	oks and	l records			
	545 5TH AVENUE, SUITE 1103, NEW YORK, NY 10017					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

(A)	(B)	l					<u>lour</u>	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	ss pe	more rson i	than of s both or/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TIFFANY DUFU	40.00	1							_	_
PRESIDENT				Х				0.	0.	0.
(2) TORY BURCH	3.00	1								_
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		X				0.	0.	0.
(6) HAYLEY BOESKY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SUSAN DUFFY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SAVARIA HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TRACEY KOZMETSKY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LAURA MANESS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JANE C. OCH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PERRI PELTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TONY TJAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ANDREA WISHOM	1.00									
DIRECTOR		Х						0.	0.	0.
(15) VIVIAN ZELTER	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		1								
	1			<u> </u>				I		

Form 990 (2024)

Form 990 (2024) TORY BURG									26-3660	127 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	l Hig	hes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	(do box,		Posi neck r ss per	ition more fr son is	than c	ne an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other 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	ose	liste	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

Yes 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 3 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 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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
TORY BURCH LLC		·
11 WEST 19TH STREET, NEW YORK, NY 10011	MANAGEMENT SERVICES	300,000.
GROW, 400 GRANBY STREET, SUITE 200,	INFORMATION	
NORFOLK, VA 23510	TECHNOLOGY SERVICES	269,250.
DALBERG CONSULTING, 155 WEST 23 STREET,		
6TH FLOOR, NEW YORK, NY 10011	STRATEGY CONSULTING	169,824.
HEATHER ROSENTHAL, 239 BANKER STREET,	GRAPHIC DESIGN	
APARTMENT 3E, BROOKLYN, NY 11222	SERVICES	140,520.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

Form **990** (2024)

\$100,000 of compensation from the organization

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
, a		С	Fundraising events 1c					
ifts			Related organizations 1d					
nis G			Government grants (contributions) 1e					
Sic			All other contributions, gifts, grants, and					
uti Je		•		694,588.				
.ē₽			***	30,180.	-			
ont		-	Noncash contributions included in lines 1a-1f	30,100.	1 604 500			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f		1,694,588.			
				Business Code				
ø	2	а						
Š		b						
Ser		С						
E S		d						
gra Re								
Program Service Revenue		e	All allowers					
ъ.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest					
			other similar amounts)		247,122.			247,122.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	·				-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a 206,485.					
		b	Less: cost or other basis					
ē			and sales expenses					
Revenue		С	Gain or (loss) 7c 33,300.					
Şe.			Net gain or (loss)		33,300.			33,300.
her F			Gross income from fundraising events (not		33,3331			3373331
ţ	•	а	- · · · · · · · · · · · · · · · · · · ·					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1	-			
		b	Less: direct expenses 8b)				
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	· I				
	40							
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
		b	Less: cost of goods sold	ol				
		С	Net income or (loss) from sales of inventory .					
				Business Code				
snc	11	а						
nec		b						
Miscellaneous Revenue		c						
Sce			All other revenue		1			
Ξ								
	۔ در		Total. Add lines 11a-11d		1,975,010.	0	0	280 422
	12		Total revenue. See instructions		μ, <i>31</i> 3,010•	0.	0.	280,422.

Form 990 (2024) TORY BURCH FOUNDATION, INC.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	125,000.	125,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,301.	3,301.		
3	Grants and other assistance to foreign	7,000	3,332		
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	60,000.		60,000.	
b	Legal	1= 100		15 100	
С	Accounting	17,483.		17,483.	
d	, 0				
е	Professional fundraising services. See Part IV, line 17	E 20E		F 20F	
f	Investment management fees	5,327.		5,327.	
g	,	202 (50	202 200	172 100	7 250
	column (A), amount, list line 11g expenses on Sch O.)	383,650.	203,208.	173,192.	7,250.
12	Advertising and promotion	142,353.	112,033.	30,320.	
13	Office expenses	5,116. 10,000.	2,829.	4,201.	
14	Information technology	10,000.	10,000.		
15	Royalties				
16	Occupancy	4,472.		4,472.	
17	Travel	1,1/4		7,7/4	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40 550		40 550	
22	Depreciation, depletion, and amortization	48,578.		48,578.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schedule (A).				
а	amount, list line 24e expenses on Schedule 0.) ALLOCATED SALARIES & BE	700,915.	541,479.	131,307.	28,129.
b	PROGRAMMING/PRODUCTION	136,012.	88,290.	24,202.	23,520.
c	ALLOCATED OVERHEAD COST	2,473.	,	2,473.	,
d		,		,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,644,680.	1,086,140.	499,641.	58,899.
26	Joint costs . Complete this line only if the organization	-	-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2024)

Par	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	386,864.	1	329,900
	2	Savings and temporary cash investments		2	14,510,230
	3	Pledges and grants receivable, net		3	467,856
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	30,694
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	4,280,836.	11	4,215,282
	12	Investments - other securities. See Part IV, line 11	389,319.	12	380,259
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	212,431.	15	276,456
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	20,210,677
	17	Accounts payable and accrued expenses		17	443,066
	18	Grants payable	386,864.	18	329,900
	19	Deferred revenue		19	54,400
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	007 266
	26	Total liabilities. Add lines 17 through 25	526,616.	26	827,366
s		Organizations that follow FASB ASC 958, check here			
ce		and complete lines 27, 28, 32, and 33.	10 244 245		10 202 211
alar	27	Net assets without donor restrictions		27	19,383,311
B	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
유	00	and complete lines 29 through 33.		0.0	
jt (29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥ A	31	Retained earnings, endowment, accumulated income, or other funds		31	10 202 211
ž	32	Total net assets or fund balances	19,244,345.	32	19,383,311.
	33	Total liabilities and net assets/fund balances	19,770,961 .	33	20,210,677

Form **990** (2024)

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 10.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	644	1,6	80.
3	Revenue less expenses. Subtract line 2 from line 1	3				30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				45.
5	Net unrealized gains (losses) on investments	5		19:	<u>1,3</u>	64.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	19,	383	3,3	<u>11.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TORY BURCH FOUNDATION, INC. **Employer identification number**

26-3660127 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5217468.	6280021.	2998588.	5707809.	1694588.	21898474.
2	Tax revenues levied for the organ-						
	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	5217468.	6280021.	2998588.	5707809.	1694588.	21898474.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						18165940.
6	Public support. Subtract line 5 from line 4.						3732534.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	5217468.	6280021.	2998588.	5707809.	1694588.	21898474.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,509.	47,430.	543,488.	641,099.	247,122.	1486648.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						23385122.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2024 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	15.96 <u>%</u>
15	Public support percentage from 2023	Schedule A, Part I	II, line 14			15	20.60 %
16a	33 1/3% support test - 2024. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
k	33 1/3% support test - 2023. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		X
k	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						s
							(Form 990) 2024

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

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

Sec	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.") 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
	3 received from disqualified persons						
D	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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
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	•		•	•	. , . ,	
	check this box and stop here	<u> </u>					
	ction C. Computation of Publi					1 1	
	Public support percentage for 2024 (li		· ·	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	<u>%</u>
	ction D. Computation of Inves			in 10 milion (0)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	7 is not
198	33 1/3% support tests - 2024. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che						
∠U	Private foundation. If the organization	o did not check a	DOX OR LINE 14 19	a or ign check th	us nox and see ins	SITUCTIONS	1 1

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")? |f "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?
- 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).
- 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
n 000)	2024
	n 990)

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
		e detail in Part VI.	11c		
Sect	tion B	5. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		1 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sect	tion D	. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organiz	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reas	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	income	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppoi	rted organizations played in this regard.	3		
Sect	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 instructions).	,		
2	Activiti	ies Test. Answer lines 2a and 2b below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•		activities but for the organization's involvement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h		es of each of the supported organizations? If "Yes" or "No," provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	יים נוול	o organización oxoroido a dubdiantial aogreo di unicolidir uver une ponded, programa, and activided di cacif			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Enter 0.65 of line 1.			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	nization (see

Schedule A (Form 990) 2024

instructions)

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2024	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

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 15.96%, 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 OF THE COUNCIL ON FOREIGN RELATIONS. HAYLEY ALSO SITS ON THE INNOVATION

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

IS THE ASSOCIATE PROVOST FOR TRANSFORMATIONAL LEARNING AND DR. SUSAN DUFFY PARTNERSHIPS AT WENTWORTH INSTITUTE OF TECHNOLOGY WHERE SHE LEADS A PORTFOLIO OF UNITS INCLUDING THEUNIVERSITY'S EFFORTS IN WOMEN'S THE ACCELERATE: INNOVATION + ENTREPRENEURSHIP CENTER, 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, HEALTHCARE. SUSAN EARNED HER PH.D. FROM THE GEORGE WASHINGTON UNIVERSITY, 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 PROGRAM, IS A CAREER AND LEADERSHIP DEVELOPMENT COACH, VOLUNTEERS AT THE WOMEN'S LUNCH PLACE IN BOSTON MA.

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

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

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 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.

LAURA MANESS

IN THE AGENCY'S CELEBRATED 105-YEAR AS GREY'S GLOBAL CEOTHE SIXTH 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 INDUSTRY HONORS, RECORD AWARD WINS AND INCLUDING NEWSWEEK NAMING GREY A TOP 100 GLOBAL MOST LOVED WORKPLACE, WINNING GRAND EFFIES IN EVERY AND BEING SHORTLISTED AS GLOBAL AGENCY OF THE YEAR BY CAMPAIGN. MARKET ALSO CELEBRATED AS ACT RESPONSIBLE'S AD INDUSTRY CHAMPION OF SHE WAS GOOD AT THE2022 CANNES LIONS INTERNATIONAL FESTIVAL OF CREATIVITY, 2023 CREATIVEPOOL CREATIVE LEADER OF THE YEAR & AGENCY OF THE YEAR, 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. GOVERNING BODY OF THE B CORP MOVEMENT. SHE IS ALSO A THE CANADA, THE POST, FOUNDING MEMBER OF CHIEF, WOMEN'S PURPOSE COMMUNITY FORBESWOMEN FORUM AND FAST COMPANY IMPACT COUNCIL. THE COMMON THREAD 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 PUBLIC HEALTH ADVOCATE WITH A DOCTORATE FROM COLUMBIA UNIVERSITY'S MOST RECENTLY, SCHOOL OF PUBLIC HEALTH. PERRI CREATED THE DOCUMENTARY NEWS SERIES AXIOS ON HBO WITH MATTHEW O'NEILL. PERRI & MATTHEW ALSO CO-DIRECTED AND PRODUCED THE 2019 HBO DOCUMENTARY, ALTERNATE ENDINGS: SIX NEW WAYS TO DIE IN AMERICA. PREVIOUSLY, PERRI DIRECTED THE HBO 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. FILMS INCLUDE HBO'S REMEMBERING THE ARTIST: ROBERT DE NIRO, SR. PRISON DOGS. PERRI HOSTS "THE PERRI PELTZ SHOW" ON SIRIUSXM. PREVIOUSLY AN AWARD-WINNING BROADCAST JOURNALIST FOR NBC, ABC, AND CNN.

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, INVESTMENT FIRM BASED IN BOSTON, AND THE CEO AND CO-FOUNDER OF A PERSONAL CARE AND LIFESTYLE BRAND THAT SEEKS TO TRANSFORM THE NAIL CARE INDUSTRY. WITH A FOCUS ON PURPOSE-DRIVEN LONG-TERM CUE BALL HAS COMMITTED MORE THAN 50% OF INVESTMENTS, ITS CAPITAL WOMEN-LED, INCLUSIONARY VENTURES, MOST NOTABLY MINILUXE, 'EMPOWER AND ENRICH LIVES THROUGH COMPANY'S CORE MISSION IS TO SELF-EXPRESSION'. PREVIOUSLY, HE WAS THE FOUNDER OF ZEFER, ONE OF THE EARLIEST WEB APPLICATION COMPANIES AND SEPARATELY, HE PLAYED 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 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, THE INCLUDING "THE OPRAH WINFREY SHOW" "OPRAH'S GROUNDBREAKING AND THE HIGHLY-RATED NEXT CHAPTER." AS EXECUTIVE VICE PRESIDENT OF PROGRAMMING AND DEVELOPMENT SHE PLAYED A KEY ROLE IN LEADING OWN TO BECOME A TOP 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. WAS A CORPORATE BOND TRADER AT LEHMAN BROTHERS BEFORE DEPARTING TO RAISE HER FAMILY. CURRENTLY, VIVIAN IS THE DIRECTOR OF STRATEGIC PARTNERSHIPS AT THE NATIONAL EDUCATION EQUITY LAB, AN EDUCATION AND SOCIAL JUSTICE NON-PROFIT. VIVIAN COMES TO THIS POSITION WITH OVER 20 YEARS OF PHILANTHROPIC EXPERIENCE. SHE HAS BEEN A LONG TERM BOARD MEMBER AT GEORGE JACKSON ACADEMY, A MIDDLE SCHOOL FOR UNDERSERVED BOYS IN DOWNTOWN MANHATTAN. SHE ALSO SERVED ON THE BOARD OF THE UNIVERSITY OF PENNSYLVANIA'S SCHOOL OF SOCIAL POLICY AND PRACTICE, AND HAS RECENTLY BEEN A LEAD SUPPORTER OF ITS NEWLY ESTABLISHED SOCIAL JUSTICE SCHOLAR'S PROGRAM. VIVIAN IS ON THE BOARD OF THE UJA FEDERATION OF NEW YORK (UNITED JEWISH APPEAL) AND SERVES ON ITS COMMUNITY INITIATIVE FOR HOLOCAUST SURVIVORS COMMITTEE. VIVIAN'S PASSION FOR SUPPORTING THE ARTS IN NY EXTENDS TO BEING AN ACTIVE MEMBER OF THE CHAIRMAN'S COUNCIL AT THE METROPOLITAN MUSEUM AS WELL AS ON THE MET'S VISITING COMMITTEE FOR MODERN AND CONTEMPORARY ART, SERVING ON THE HIGH LINE'S PLINTH COMMITTEE, THE EDUCATION COMMITTEE AT THE WHITNEY, AND SERVING ON THE BOARD OF FILM AT LINCOLN CENTER. SHE GRADUATED WITH A B.A. FROM THE UNIVERSITY OF PENNSYLVANIA AND AN M.B.A. FROM COLUMBIA UNIVERSITY.

PAKI I	⊥, ნ.	пОг	XI IEA	K CAP	чимт.	LON:								
SY2024	WAS	Α	SHORT	YEAR	FROM	OCTOBER	1,	2024	_	DECEMBER	31,	2024.		
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CHODE VEND EVELVILLED.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number
26-3660127

Organiz	ation type (check or	ne):	
Filers of:		Section:	
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	10-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special	Rules		
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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\$			
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number 26-3660127

TORY BURCH FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Moncash (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 additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PUBLICLY TRADED SECURITIES					
2						
		\$30,180.	12/31/24			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
Part I						
		\$				
(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			
		\$				

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)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number 26-3660127

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	ccounts. Complete if the
	<u></u>	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during 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 w	_		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	•	•	
Par	impermissible private benefit?		000 D-+ 11	Yes No
			rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		reation of a high	aviably important land area
	Preservation of land for public use (for example, recreat	· —		orically important land area ified historic structure
	Preservation of open space	Fresei	valion of a cert	ined historic structure
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in	the form of a co	onservation easement on the last
_	day of the tax year.	ed conscivation contribution in	inc form of a cc	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	F			2b
	Number of conservation easements on a certified historic stru	atoma in alcohol and the co		2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year	, ,	, ,	•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of secti	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and	expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote	•	al statements th	at describes the
	organization's accounting for conservation easements.	A a. 10 a. 2 a. 17 a	011	N'ar'la a Assaula
Pai	t III Organizations Maintaining Collections of		s, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		tomont and hal	anna ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publications.	•		
	service, provide in Part XIII the text of the footnote to its finance			nce of public
h	If the organization elected, as permitted under FASB ASC 958			e sheet works of
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	ommonion, codoation, or researc	ni ni luitileialle	e or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				▲
2	If the organization received or held works of art, historical trea			provide
-	the following amounts required to be reported under FASB AS		a.roidi gaii i,	p. 5.100
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

e Other

b Buildingsc Leasehold improvementsd Equipment

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

11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	
(c) Method of valuation: Cost or en	
11c. See Form 990, Part X, line 13.	
	d-of-year market value
(c) Method of valuation: Cost or en	d-of-year market value
11d. See Form 990, Part X, line 15.	
	(b) Book value
11e or 11f. See Form 990, Part X, line 25	
	(b) Book value
	1
	e 11e or 11f. See Form 990, Part X, line 25

432053 01-02-25

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) (Rev. 12-2024)

Pa	rt XI Reconciliation of Revenue per Audited Financial State		-		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,811,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	101 051		
а	3		-191,364. 33,514.		
b			33,514.		
С	1 7 0				
d	7	2d			157 050
е				2e	-157,850.
3	Subtract line 2e from line 1			3	1,969,683.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	F 207		
а	, , , , , , , , , , , , , , , , , , , ,		5,327.		
b					F 227
C				4c	5,327. 1,975,010.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). rt XII Reconciliation of Expenses per Audited Financial Stat	omente With	Evnences per E	5 Poturr	1,9/5,010.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expenses per r	eturi	'
				I . I	1 672 067
1				1	1,672,867.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	22 51/		
a			33,514.		
b					
С.					
d	, , , , , , , , , , , , , , , , , , , ,				22 51/
e				2e	33,514. 1,639,353.
3	Subtract line 2e from line 1			3	1,039,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما	5,327.		
a	, , , , , , , , , , , , , , , , , , , ,		3,341.		
b				4c	5,327.
C	Add lines 4a and 4b				
_				-	1 644 680
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	1,644,680.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information)		5	1,644,680.
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b	and 2b; Part V, line 4	5	1,644,680.
Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b	and 2b; Part V, line 4	5	1,644,680.
Prov lines PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2:	Part IV, lines 1b additional inform	and 2b; Part V, line 4	5 ; Part >	1,644,680. K, line 2; Part XI,
Prov lines PAI TBI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX PO	Part IV, lines 1b additional inforn	and 2b; Part V, line 4 nation.	5 ; Part > SE I	1,644,680. K, line 2; Part XI,
Prov lines PAI TBI ARI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEE MORE LIKELY THAN NOT OF BEING SUSTAINE.	Part IV, lines 1b additional inform	and 2b; Part V, line 4 nation. ONLY IF THO EMENT HAS D	5; Part > SE I	1,644,680. (, line 2; Part XI, POSITIONS RMINED
Prov lines PAI TBI ARI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINE: AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI	; Part > SE I ETEI NAN	1,644,680. C, line 2; Part XI, POSITIONS RMINED CIAL
Prov lines PAI TBI ARI THZ	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINE: AT TBF HAD NO UNCERTAIN TAX POSITIONS THE ATEMENT RECOGNITION OR DISCLOSURE. TBF I	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINE: AT TBF HAD NO UNCERTAIN TAX POSITIONS THE ATEMENT RECOGNITION OR DISCLOSURE. TBF I	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
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Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
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Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
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Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
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Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL
Provinces PAI TBI ARI THE	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18, rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: F RECOGNIZES THE EFFECT OF INCOME TAX POEMORE LIKELY THAN NOT OF BEING SUSTAINES AT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TBF HAD NO UNCERTAIN TAX POSITIONS THAT TEMENT RECOGNITION OR DISCLOSURE. TBF IS AMINATIONS BY THE APPLICABLE TAXING JURIS	Part IV, lines 1b additional inform SITIONS (D. MANAGE AT WOULD S NO LONG	and 2b; Part V, line 4 nation. DNLY IF THO EMENT HAS D REQUIRE FI SER SUBJECT	SE IETEINANC	1,644,680. (, line 2; Part XI, POSITIONS RMINED CIAL

SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

 $\label{thm:complete} \textbf{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}$

Attach to Form 990.

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

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 criteria used to award the grants or assis Describe in Part IV the organization's property II Grants and Other Assistance to recipient that received more than	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	I States. Complete if the orga			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		
WOMEN'S SPORTS FOUNDATION 247 WEST 30TH STREET, 5TH FLOOR NEW YORK, NY 10001	23-7380557	501(C)(3)	125,000.	0.			TO SUPPORT THE ORGANIZATION'S GRANT PROGRAM TO ENABLE GIRLS AND WOMEN TO REACH THEIR		
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	•	•							

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

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					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.										
PART I, LINE 2:	unca iirr art i, iiri	c z, r art III, column	(b), and any other ac	aditional information.						
GRANTS TO ORGANIZATIONS:										
TODAL DUDGU TOURISTON WIRE I GRING			000111111	017 E17E						
TORY BURCH FOUNDATION MADE A GRANT FOUNDATION REMAINS IN CLOSE CONTACT										
YEAR IN ORDER TO MONITOR THE USE OF										
WRITTEN OR VERBAL STATUS UPDATES OF										
MAY PERIODICALLY REQUEST INTERIM WE										
WHICH THE GRANT WAS EXPENDED AND THE PROGRESS MADE IN ACCOMPLISHING THE										
GRANT PURPOSES.										
PART II, LINE 1, COLUMN (H):										
NAME OF ORGANIZATION OR GOVERNMENT										
(H) PURPOSE OF GRANT OR ASSISTANCE										
PROGRAM TO ENABLE GIRLS AND WOMEN TO REACH THEIR POTENTIAL IN SPORT AND										
LIFE.										

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number 26-3660127

							-3660127		
Pai	t 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	noncash contrib		determin	etermining	
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	1	30,180.	SAL	ES PRIC	E		
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 $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization								
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted on Part I, lines 1 throu	ıgh 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	for				
	exempt purposes for the entire holding period	?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribu	tions?		31		_X_
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
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 che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2024

432142 01-18-25 Schedule M (Form 990) 2024

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number 26-3660127

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

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMS INCLUDE: ONLINE & IN-PERSON COMMUNITY OUTREACH AND
SPECIAL PROJECTS.

EXPENSES \$ 366,413. 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 A, LINE 3:

TORY BURCH FOUNDATION, INC. ("FOUNDATION") DELEGATED CONTROL OVER MANAGEMENT DUTIES TO TORY BURCH LLC ("LLC") THROUGH A SERVICES AGREEMENT. UNDER THE AGREEMENT, THE LLC HAS MANAGEMENT CONTROL OVER ORGANIZATION MANAGEMENT, ACCOUNTING AND FINANCE, AND FUNDRAISING AND DEVELOPMENT. FOR THE SHORT YEAR ENDING DECEMBER 31, 2024, THE FOUNDATION PAID THE LLC \$60,000 FOR MANAGEMENT SERVICES.

TIFFANY DUFU, PRESIDENT, IS COMPENSATED BY THE LLC. THE FOUNDATION REIMBURSED THE LLC FOR THEIR COMPENSATION IN ACCORDANCE WITH THE SERVICES AGREEMENT IN PLACE. TOTAL COMPENSATION PAID FOR SERVICES PROVIDED BY TIFFANY DUFU WAS \$90,449 IN SY2024.

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

TORY BURCH FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FOLLOWING REVIEW PROCESS TO ENSURE AND HAS ESTABLISHED THE THATTHE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN TO BE FILED WITH THE REVIEWED BY MANAGEMENT AND IS READY INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY TRANSMITTED TO THE FINANCE/AUDIT COMMITTEE FOR REVIEW AND APPROVAL. IT IS THEN APPROVED BY 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 INPLACE A CONFLICT-OF-INTEREST POLICY, PRINCIPAL OFFICERS. EACH DIRECTOR AND OFFICER APPLIES TO ALL DIRECTORS AND REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Schedule O (Form 990) 2024 Page

Employer identification number Name of the organization TORY BURCH FOUNDATION, INC. 26-3660127 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. FORM 990, PART IX, LINE 11G, OTHER FEES: EMBRACE AMBITION/OTHER OUTSIDE SERVICES FEES: 127,126. PROGRAM SERVICE EXPENSES 3,368. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 7,250. TOTAL EXPENSES 137,744. STRATEGIC PLANNING CONSULTANTS: 76,082. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 169,824. FUNDRAISING EXPENSES TOTAL EXPENSES 245,906. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 383,650. FORM 990, PART XII, LINE 2C: THE FOUNDATION'S FINANCE & AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, OF ITS FINANCIAL STATEMENTS, AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.