

ELLIOT HOROWITZ & COMPANY, LLP
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AUGUST 13, 2015

TORY BURCH FOUNDATION, INC.
11 WEST 19TH STREET, 7TH FL
NEW YORK, NY 10011

TORY BURCH FOUNDATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS RETURN:

PLEASE SIGN AND MAIL FORM CHAR500 AS SOON AS POSSIBLE.

MAIL TO - NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

ELLIOT HOROWITZ & COMPANY, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2014

Prepared for	TORY BURCH FOUNDATION, INC. 11 WEST 19TH STREET, 7TH FL NEW YORK, NY 10011
Prepared by	ELLIOT HOROWITZ & COMPANY, LLP 675 THIRD AVENUE NEW YORK, NY 10017
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

TORY BURCH FOUNDATION, INC.

**** - ***0127**

Name and title of officer

**ROBERT ISEN
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,422,878.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ELLIOT HOROWITZ & COMPANY, LLP to enter my PIN 22650
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13090285063
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ELLIOT HOROWITZ & COMPANY, LLP Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TORY BURCH FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11 WEST 19TH STREET, 7TH FL City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10011 F Name and address of principal officer: LAURIE FABIANO SAME AS C ABOVE	D Employer identification number ** - *** 0127 E Telephone number (646) 745-1272 G Gross receipts \$ 1,422,878. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://TORYBURCHFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2009 M State of legal domicile: NY

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>NON-PROFIT 501(C)(3) ORGANIZATION THAT SUPPORTS THE ECONOMIC EMPOWERMENT OF WOMEN</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,665,516.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,003.	3,169.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-168,210.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,501,309.	1,422,878.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,185,962.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 38,432.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	239,699.	374,790.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,425,661.	907,056.	
19 Revenue less expenses. Subtract line 18 from line 12	1,075,648.	515,822.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,575,825.	End of Year 3,338,538.
	21 Total liabilities (Part X, line 26)	72,859.	319,750.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,502,966.	3,018,788.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer	Date			
	▶ ROBERT ISEN, TREASURER	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	STUART KAMELHAR				P00185063
	Firm's name ▶ ELLIOT HOROWITZ & COMPANY, LLP	Firm's EIN ▶ ** - *** 8332			
	Firm's address ▶ 675 THIRD AVENUE NEW YORK, NY 10017		Phone no. 212-972-7500		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
NON-PROFIT 501(C)(3) ORGANIZATION THAT SUPPORTS THE ECONOMIC EMPOWERMENT OF WOMEN ENTREPRENEURS AND THEIR FAMILIES IN THE U.S. OUR EFFORTS ARE CURRENTLY FOCUSED ON SMALL BUSINESS LOANS, MENTORING OPPORTUNITIES, EDUCATION, AND ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No
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? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program 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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 441,161. including grants of \$ 232,266.) (Revenue \$)
THE TORY BURCH FOUNDATION SUPPORTS THE ECONOMIC EMPOWERMENT OF WOMEN ENTREPRENEURS AND THEIR FAMILIES IN THE U.S. THE FOUNDATION PROVIDES GRANTS TO SUPPORT SMALL BUSINESS LOANS FOR WOMEN ENTREPRENEURS. IN ORDER TO SUPPORT WOMEN ENTREPRENEURS AS THEY GROW THEIR BUSINESSES, THE FOUNDATION HOSTS MENTORING EVENTS THAT PAIR TOP BUSINESS LEADERS WITH EXPERTISE IN A VARIETY OF INDUSTRIES WITH WOMEN ENTREPRENEURS TO PROVIDE INFORMATION AND INSPIRATION AND TO CREATE PEER NETWORKS. THE FOUNDATION ALSO PROVIDES ENTREPRENEURIAL EDUCATION FOR EARLY STAGE WOMEN ENTREPRENEURS IN PARTNERSHIP WITH GOLDMAN SACHS 10,000 SMALL BUSINESSES, BABSON COLLEGE AND LAGUARDIA COMMUNITY COLLEGE. THE FOUNDATION ALSO ADVOCATES FOR MICROFINANCE AND ENTREPRENEURSHIP OPPORTUNITIES FOR WOMEN. INCLUDING, SUPPORT FOR SAN FRANCISCO BASED

4b (Code:) (Expenses \$ 307,938. including grants of \$ 300,000.) (Revenue \$)
THE FOUNDATION ENTERED INTO A PROGRAM AGREEMENT WITH BANK OF AMERICA CORPORATION WHEREBY BOTH PARTIES HAVE AGREED TO CREATE, DEVELOP, SUPPORT AND MANAGE A PROGRAM KNOWN AS "ELIZABETH STREET CAPITAL, A TORY BURCH FOUNDATION - BANK OF AMERICA INITIATIVE" TO SUPPORT QUALIFIED WOMEN ENTREPRENEURS BY WORKING WITH SELECTED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) TO IMPLEMENT THE PROGRAM.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 749,099.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body with questions 1a through 14b and Yes/No columns. Includes sub-questions for various IRS forms and tax compliance items.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FLYNN FAMILY OFFICE - 212-202-3230**
139 WEST 50TH STREET, 19TH FLOOR, NEW YORK, NY 10020

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TORY BURCH PRESIDENT	3.00	X		X				0.	0.	0.
(2) ROBERT ISEN TREASURER	2.00	X		X				0.	0.	0.
(3) JAMES ROBINSON SECRETARY	4.00	X		X				0.	0.	0.
(4) JAMIE TISCH BOARD MEMBER	1.50	X						0.	0.	0.
(5) JAY HASS BOARD MEMBER	2.00	X						0.	0.	0.
(6) TRACEY KOZMETSKY BOARD MEMBER	3.00	X						0.	0.	0.
(7) DINA POWELL BOARD MEMBER	2.00	X						0.	0.	0.
(8) HAYLEY BOESKY BOARD MEMBER	2.00	X						0.	0.	0.
(9) SUSAN DUFFY BOARD MEMBER	2.00	X						0.	0.	0.

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,419,709.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,419,709.			
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,169.	3,169.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1,422,878.	3,169.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	532,266.	532,266.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 (non-employees):				
a Management				
b Legal	25,922.		25,922.	
c Accounting	44,481.	7,800.	28,881.	7,800.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	36,831.	36,831.		
13 Office expenses	30,864.	30,864.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	39,831.	15,346.	16,858.	7,627.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	72,359.	72,359.		
b CONSULTING FEES	69,448.	22,601.	24,246.	22,601.
c MUSIC AND ENTERTAINMENT	24,187.	844.	23,343.	
d MENTORING EVENTS	19,717.	19,717.		
e All other expenses	11,150.	10,471.	275.	404.
25 Total functional expenses. Add lines 1 through 24e	907,056.	749,099.	119,525.	38,432.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,807.	1	921,800.
	2 Savings and temporary cash investments	1,932,306.	2	1,856,855.
	3 Pledges and grants receivable, net	587,856.	3	559,783.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,856.	9	100.
	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		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,575,825.	16	3,338,538.	
Liabilities	17 Accounts payable and accrued expenses	47,337.	17	77,166.
	18 Grants payable	25,522.	18	175,522.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	0.	25	67,062.
	26 Total liabilities. Add lines 17 through 25	72,859.	26	319,750.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,915,110.	27	2,459,005.
	28 Temporarily restricted net assets	587,856.	28	559,783.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,502,966.	33	3,018,788.	
34 Total liabilities and net assets/fund balances	2,575,825.	34	3,338,538.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,422,878.
2	Total expenses (must equal Part IX, column (A), line 25)	2	907,056.
3	Revenue less expenses. Subtract line 2 from line 1	3	515,822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,502,966.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,018,788.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization TORY BURCH FOUNDATION, INC.	Employer identification number **-***0127
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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 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An 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.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	629,761.	589,931.	1,653,997.	2,665,516.	1,419,709.	6,958,914.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	629,761.	589,931.	1,653,997.	2,665,516.	1,419,709.	6,958,914.
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)						4,751,709.
6 Public support. Subtract line 5 from line 4.						2,207,205.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	629,761.	589,931.	1,653,997.	2,665,516.	1,419,709.	6,958,914.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	576.	758.	2,231.	4,003.	3,169.	10,737.
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 IV.)						
11 Total support. Add lines 7 through 10						6,969,651.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	31.67 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	31.17 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**EXPLANATION: IN ACCORDANCE WITH TREASURY REGULATION SECTION**

1.170A-9(F)(3), THE TORY BURCH FOUNDATION IS PUBLICLY SUPPORTED BECAUSE IT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS, FROM CONTRIBUTIONS MADE DIRECTLY OR INDIRECTLY BY THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES, THAT IS, ITS PUBLIC SUPPORT EXCEEDS 10% OF ITS TOTAL SUPPORT, AND IT MEETS THE OTHER REQUIREMENTS OF PARAGRAPH (F)(3). THE FOUNDATION ALSO MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC

1. PERCENTAGE OF SUPPORT

THE TORY BURCH FOUNDATION'S PUBLIC SUPPORT PERCENTAGE IS 31.67%, WELL ABOVE THE 10% REQUIRED TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION.

2. SOURCES OF SUPPORT

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

3. REPRESENTATIVE GOVERNING BODY

THE TORY BURCH FOUNDATION'S GOVERNING BODY - ITS BOARD OF DIRECTORS - REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS. BOARD MEMBERS INCLUDE

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

CEOS, LAWYERS, PHILANTHROPISTS, CIVIC VOLUNTEERS, AND BUSINESS LEADERS
 ACROSS A WIDE VARIETY OF INDUSTRIES INCLUDING BANKING, EDUCATION, VENTURE
 CAPITAL, NOT-FOR-PROFIT FOUNDATIONS, MARKETING, AND FASHION. THE
 FOUNDATION'S BOARD THEREBY EMBODIES AND ESPOUSES AN EXTENSIVE
 CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITY.
 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, THE CENTER FOR WOMEN'S ENTREPRENEURIAL
 LEADERSHIP AT BABSON COLLEGE, THE INTERNATIONAL COUNCIL FOR SMALL
 BUSINESS, AND THE CENTER FOR WOMEN'S BUSINESS RESEARCH, AMONG MANY OTHERS.

ABBREVIATED BOARD MEMBER BIOGRAPHIES FOLLOW BELOW:

TORY BURCH

TORY BURCH IS CHAIRMAN, CEO AND DESIGNER OF TORY BURCH, AN AMERICAN
 SPORTSWEAR AND LIFESTYLE BRAND. AFTER GRADUATING FROM THE UNIVERSITY OF
 PENNSYLVANIA WITH A DEGREE IN ART HISTORY, SHE MOVED TO NEW YORK TO PURSUE
 A CAREER IN THE FASHION INDUSTRY. SHE WORKED IN PUBLIC RELATIONS AND
 MARKETING FOR SEVERAL AMERICAN DESIGNERS, INCLUDING RALPH LAUREN, VERA
 WANG AND NARCISO RODRIGUEZ AT LOEWE.

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

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

A DEDICATED PHILANTHROPIST, TORY LAUNCHED THE TORY BURCH FOUNDATION IN 2009. IN ADDITION, SHE SERVES ON THE BOARDS OF THE COUNCIL OF FASHION DESIGNERS OF AMERICA, THE SOCIETY OF MEMORIAL SLOAN-KETTERING CANCER CENTER, THE BREAST CANCER RESEARCH FOUNDATION, THE BARNES FOUNDATION AND THE JAY H. BAKER RETAILING CENTER AT THE UNIVERSITY OF PENNSYLVANIA'S WHARTON SCHOOL, AND IS A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS. SHE IS ALSO AN INAUGURAL MEMBER OF THE PRESIDENTIAL AMBASSADORS FOR GLOBAL ENTREPRENEURSHIP.

HAYLEY BOESKY

HAYLEY IS VICE CHAIRMAN OF GLOBAL MARKETS AT BANK OF AMERICA MERRILL LYNCH, WORKING ACROSS ALL LINES OF BUSINESS TO DEEPEN PARTNERSHIPS WITH THE FIRM'S HIGHEST PRIORITY CLIENTS. SHE WAS PREVIOUSLY AT THE FEDERAL RESERVE BANK OF NEW YORK IN THE MARKETS GROUP WHERE SHE SERVED AS VICE PRESIDENT AND DIRECTOR OF MARKET ANALYSIS. PRIOR TO JOINING THE FEDERAL RESERVE, HAYLEY WORKED AT MOORE CAPITAL MANAGEMENT AND SEPARATELY WAS CHIEF U.S. RATES STRATEGIST AT GOLDMAN SACHS. HAYLEY HOLDS A DOCTORATE IN

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

ASTROPHYSICS FROM COLUMBIA UNIVERSITY AND STUDIED MATHEMATICS AND FRENCH
 AT THE UNIVERSITY OF PENNSYLVANIA. SHE IS ALSO ON THE TRUSTEES COUNCIL OF
 PENN WOMEN AND IS A MEMBER OF THE COUNCIL ON FOREIGN RELATIONS.

SUSAN DUFFY

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

JAY HASS

JAY IS A PARTNER AT RRE VENTURES, WHERE HE IS RESPONSIBLE FOR BUSINESS
 STRATEGY AND OPERATIONAL FUNCTIONS INCLUDING INVESTOR RELATIONS,
 COMMUNICATIONS AND PRODUCT MANAGEMENT. PRIOR TO JOINING RRE, JAY SPENT 22
 YEARS AT BROWN BROTHERS HARRIMAN. THERE HE ESTABLISHED THE ALTERNATIVE
 INVESTMENTS GROUP, LEADING EIGHT PRIVATE EQUITY, HEDGE FUND AND ASIAN
 EQUITY FUNDS-OF-FUNDS WITH PEAK ASSETS OF OVER \$1.3 BILLION AND

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

APPROXIMATELY 1,300 INVESTORS. IN ADDITION, HE HAS BEEN AN ANGEL INVESTOR IN A NUMBER OF PRIVATELY HELD COMPANIES AND AS PRESIDENT OF THE CONSULTING FIRM GATEHOUSE INVESTORS, HE HAS ADVISED HIGH-NET-WORTH FAMILIES AND FINANCIAL SERVICES INSTITUTIONS ON INVESTMENT AND BUSINESS STRATEGIES. JAY IS ALSO DIRECTOR OF THE CHEETAH KOREA VALUE FUND AND IS A FORMER TRUSTEE OF THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA AND NATURAL LANDS TRUST.

ROBERT ISEN

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

TRACEY KOZMETSKY

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

AWARDS, SHE RECEIVED THE NORTH STAR AWARD RANKING HER AMONG THE TOP TEN CIVIC VOLUNTEERS IN DALLAS.

DINA POWELL

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

SEE SCHEDULE O FOR CONTINUATION OF EXPLANATION

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

TORY BURCH FOUNDATION, INC.

Employer identification number

-*0127

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number ** - *** 0127
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RUE LA LA INC. 20 CHANNEL CENTER BOSTON, MA 02210	\$ 38,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TORY BURCH LLC 11 WEST 19TH STREET, 7TH FLOOR NEW YORK, NY 10011	\$ 643,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TORY BURCH 11 WEST 19TH STREET, 7TH FLOOR NEW YORK, NY 10011	\$ 122,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JAMIE TISCH FOUNDATION 720 PARK AVENUE, APT 4A NEW YORK, NY 10021	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FOSSIL PARTNERS LP 901 S CENTRAL EXPRESSWAY RICHARDSON, TX 75080	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number ** - *** 0127
--	--

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization TORY BURCH FOUNDATION, INC.	Employer identification number **-***0127
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: TORY BURCH FOUNDATION, INC. Employer identification number: ** - *** 0127

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and charitable purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts related to these items.

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

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

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

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,011,760.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	588,882.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	588,882.
3	Subtract line 2e from line 1	3	1,422,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,422,878.

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

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

1	Total expenses and losses per audited financial statements	1	1,495,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	588,882.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	588,882.
3	Subtract line 2e from line 1	3	907,056.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	907,056.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization **TORY BURCH FOUNDATION, INC.** Employer identification number ****-***0127**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCION CHICAGO 1436 W RANDOLPH STREET CHICAGO, IL 60607	**_***6573	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
AMERICAN RED CROSS 2025 E ST NW WASHINGTON, DC 20006	**_***6605	501(C)(3)	175,000.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
ENTREPRENEUR WORKS 111 SOUTH INDEPENDENCE MALL EAST, 8 PHILADELPHIA, PA 19106	**_***5964	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
JUSTINE PETERSEN 1023 NORTH GRAND BLVD SAINT LOUIS, MI 63103	**_***9074	501(C)(3)	62,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
PEOPLEFUND 2921 EAST 17TH STREET AUSTIN, TX 78702	**_***4572	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
SELF-HELP 926 ELIZABETH AVENUE, STE 302 CHARLOTTE, NC 28204	**_***1685	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

3 Enter total number of other organizations listed in the line 1 table ▶ 9.

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCEDC 75 CHESTNUT STREET CRANFORD, NJ 07016	**-***5884	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
VEDC 112 SOUTH WATER ST HENDERSON, NV 89015	**-***0270	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE
VEDC LA 5121 VAN NUYS BLVD, 3RD FL VAN NUYS, CA 91403	**-***9419	501(C)(3)	37,500.	0.			TO HELP ACCOMPLISH THE CHARITABLE ENDEAVORS OF THE DONEE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash 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:

EXPLANATION: FOUNDATION REPRESENTATIVES EITHER MEET WITH DONEE PERSONNEL ON AT LEAST AN ANNUAL BASIS TO DISCUSS THE RECIPIENT'S MISSION AND PROGRESS OR CORRESPONDS WITH THE DONEE TO OBTAIN APPROPRIATE UPDATES

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2013

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-*0127

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

ENTREPRENEURS AND THEIR FAMILIES IN THE U.S. OUR EFFORTS ARE CURRENTLY
FOCUSED ON SMALL BUSINESS LOANS, MENTORING OPPORTUNITIES, EDUCATION,
AND ADVOCACY.

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

EXPLANATION: THE FOUNDATION ENTERED INTO A PROGRAM AGREEMENT WITH BANK
OF AMERICA CORPORATION TO FORM A PROGRAM KNOWN AS "ELIZABETH STREET
CAPITAL, A TORY BURCH FOUNDATION - BANK OF AMERICA INITIATIVE TO
SUPPORT QUALIFIED WOMEN ENTREPRENEURS

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

COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION FOR ITS WORK WITH WOMEN
ENTREPRENEURS.

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

EXPLANATION: ROBERT ISEN (TREASURER) IS THE BROTHER OF TORY BURCH
(PRESIDENT) AND JAMES ROBINSON (SECRETARY).

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

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

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

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

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

EXPLANATION: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE BY CONTACTING THE ORGANIZATION'S OFFICES AND WHICH TIME APPROPRIATE ACCESS WILL BE PROVIDED.

FORM 990, PART XII, LINE 2C

EXPLANATION: FINANCIALS ARE SENT TO BOARD MEMBERS DIRECTLY, QUARTERLY FROM ACCOUNTANTS THEN REVIEWED AND DISCUSSED IF NEEDED AT SUBSEQUENT BOARD MEETINGS. YEAR END FINANCIAL STATEMENTS ARE SENT TO THE BOARD AND APPROVED BEFORE ISSUANCE. ANY QUESTIONS ARE DIRECTED TO THE AUDITORS.

FORM 990, PART VII

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

FORM 990, PART VII

EXPLANATION: THE EXECUTIVE DIRECTOR OF TORY BURCH FOUNDATION, INC. IS AN EMPLOYEE OF TORY BURCH LLC. HER TIME IS DONATED BY TORY BURCH LLC.

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

EXPLANATION: JAMES ROBINSON

JAMIE IS THE MANAGING DIRECTOR OF ALLIANCE MARKETING PARTNERS, A SPORTS MARKETING FIRM. LAUNCHING HIS CAREER AS A CERTIFIED NFL AGENT, JAMIE HAS NEGOTIATED SPORTS AND ENTERTAINMENT MERCHANDISING, LICENSING AND SPONSORSHIP AGREEMENTS TOTALING IN EXCESS OF \$150 MILLION. HE HAS ALSO

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CREATED MARKETING CAMPAIGNS ON BEHALF OF A NUMBER OF THE NATION'S LEADING BRANDS INCLUDING HALLMARK CARDS, GAP, MCDONALD'S, COCA-COLA, RAWLINGS SPORTING GOODS AND DUNKIN' DONUTS. JAMIE IS A BOARD MEMBER OF THE POLICE ATHLETIC LEAGUE, THE MARKS COLORECTAL SURGICAL FOUNDATION, ASHLEY'S ANGELS AND THE STREETS SAFE DRIVING ACADEMY. HE IS A GRADUATE OF GEORGETOWN UNIVERSITY. JAMES IS THE BROTHER OF TORY BURCH.

JAMIE TISCH

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

4. AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAM OR POLICIES:

THE TORY BURCH FOUNDATION RUNS NATION-WIDE PUBLIC PROGRAMS EMPOWERING WOMEN ENTREPRENEURS. THE PROGRAMS AND INITIATIVES ARE AS FOLLOWS:

ACCESS TO AFFORDABLE CAPITAL PROGRAM

THE TORY BURCH FOUNDATION CAPITAL PROGRAM POWERED BY BANK OF AMERICA PROVIDES WOMEN ENTREPRENEURS IN THE UNITED STATES THE OPPORTUNITY TO ACCESS AFFORDABLE LOANS THROUGH COMMUNITY DEVELOPMENT FINANCIAL

INSTITUTIONS (CDFIS). (THE PROGRAM WAS ORIGINALLY KNOWN AS "ELIZABETH

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STREET CAPITAL".) THE LOANS ARE MADE TO LOW AND MIDDLE-INCOME WOMEN OPERATING EARLY STAGE VENTURES IN ALL INDUSTRIES. THE TORY BURCH FOUNDATION AND BANK OF AMERICA PROVIDE GRANTS TO LOCAL CDFI'S THROUGHOUT THE COUNTRY TO SUPPORT THE LOAN PROGRAM.

EDUCATION

IN PARTNERSHIP WITH GOLDMAN SACHS 10,000 SMALL BUSINESSES AND BABSON COLLEGE, THE TORY BURCH FOUNDATION PROVIDES SPECIALIZED, PRACTICAL BUSINESS EDUCATION FOR WOMEN ENTREPRENEURS. THE CURRICULUM IS DESIGNED TO PROVIDE ENTREPRENEURS WITH TOOLS AND SUPPORT TO PRACTICE NEGOTIATION SKILLS, FINANCIAL, MARKETING AND EMPLOYEE MANAGEMENT. DURING THREE-MONTH COURSES, STUDENTS ATTEND CLASSES AND RECEIVE WEEKLY ONE-ON-ONE BUSINESS ADVISING TO DEVELOP A STRATEGIC AND TAILORED PLAN FOR BUSINESS GROWTH. THE PROGRAM EXISTS ON THE GROUND IN 12 REGIONS AND THERE IS NOW ALSO A NATIONAL PROGRAM THAT INCLUDES ONLINE AND IN-PERSON SESSIONS.

NETWORKING AND MENTORING EVENTS

IN ORDER TO SUPPORT WOMEN ENTREPRENEURS AS THEY GROW THEIR BUSINESSES, THE FOUNDATION HOSTS MENTORING EVENTS THAT PAIR TOP BUSINESS LEADERS WITH EXPERTISE IN A VARIETY OF INDUSTRIES WITH WOMEN ENTREPRENEURS TO PROVIDE INFORMATION AND INSPIRATION AND TO CREATE PEER NETWORKS.

THROUGH "WOMEN RULE", A PARTNERSHIP WITH POLITICO AND GOOGLE, THE FOUNDATION HAS HELD A SERIES OF EVENTS EXPLORING HOW WOMEN ARE LEADING

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CHANGE IN POLITICS, POLICY AND THEIR COMMUNITIES.

DIGITAL

THE TORY BURCH FOUNDATION WEBSITE IS A DIGITAL RESOURCE HUB WITH RICH AND REGULAR CONTENT FOR ENTREPRENEURS. THERE ARE SCORES OF ORIGINAL ARTICLES ADDRESSING FINANCE, MARKETING, OPERATIONS AND MORE; INTERVIEWS WITH SUCCESSFUL BUSINESS PEOPLE; AND TOOLS, SUCH AS A BUSINESS PLAN BUILDER. THERE IS ALSO A DONATION PORTAL FOR THE PUBLIC WWW.TORYBURCHFOUNDATION.ORG

FELLOWS PROGRAM (IN DEVELOPMENT)

THE TORY BURCH FOUNDATION INTENDS TO PRODUCE A NATIONAL FELLOWS PROGRAM FOR WOMEN ENTREPRENEURS. ENTREPRENEURS FROM AROUND THE COUNTRY WILL SUBMIT APPLICATIONS ONLINE. TEN ENTREPRENEURS WILL BE SELECTED ANNUALLY WHO WILL HAVE ACCESS TO MENTORS, ADVISORS AND WORKSHOPS FOR A TWO-YEAR PERIOD.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

SEPTEMBER 30, 2014

Prepared for	TORY BURCH FOUNDATION, INC. 11 WEST 19TH STREET, 7TH FL NEW YORK, NY 10011
Prepared by	ELLIOT HOROWITZ & COMPANY, LLP 675 THIRD AVENUE NEW YORK, NY 10017
Mail tax return to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

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1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 10/01/2013 and Ending (mm/dd/yyyy) 09/30/2014		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: TORY BURCH FOUNDATION, INC.	Employer Identification Number (EIN): ** - *** 0127
	Mailing Address: 11 WEST 19TH STREET, 7TH FL	NY Registration Number: 41-91-68
	City / State / ZIP: NEW YORK, NY 10011	Telephone: 212 683-2323
	Website: HTTP://TORYBURCHFOUNDATION.ORG	Email: INFO@TORYBURCHFOUND
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>LAURIE FABIANO</u>	<u>PRESIDENT</u>	
	Signature	Title	Date
Chief Financial Officer or Treasurer:	<u>ROBERT ISEN</u>	<u>TREASURER</u>	
	Signature	Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single-check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you marked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271