			Extended to November 15,	, 201	7				
	0	on	Return of Organization Exempt Fr	rom l	ncome Tax	OMB No. 1545-0047			
Forn	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundation	<sup>ons)</sup> 2016			
Department of the Treasury <b>Do not enter social security numbers on this form as it may be made public.</b>						Open to Public			
		enue Service	Information about Form 990 and its instructions is a		s.gov/form990.	Inspection			
			ar year, or tax year beginning and en	naing	D. England	·			
a	heck if oplicab	le:	organization		D Employer identifi	ication number			
X	Addre		Foundation						
	]Name ]chang	pe Doing bu	usiness as It Gets Better Project		26-1	.906629			
	]Initial return	Number		oom/suite	E Telephone numbe				
	Final return termir			20B		782-4934			
	ated Amen	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	408,369.			
	_return ]Appli	West	Hollywood, CA 90069		H(a) Is this a group r				
	_tion pendi	F Name ar	nd address of principal officer:Seth Levy			s? <b>Yes X No</b>			
			as C above	507	H(b) Are all subordinates i				
		empt status:		527		a list. (see instructions)			
			itgetsbetter.org X Corporation Trust Association Other►		H(c) Group exemption				
	rt I			L Year (		M State of legal domicile: CA			
	1		e the organization's mission or most significant activities: The $$ m	iggio	n of the It	Cota			
Ce		Better	Project is to communicate to leshia	$\frac{10010}{an}$ and $\alpha$	av hisexua	land			
Activities & Governance	2	Better Project is to communicate to lesbian, gay, bisexual and Check this box $\blacktriangleright$ if the organization discontinued its operations or disposed of more than 25% of its net assets.							
ver	3				1	6			
ğ	4					6			
s 8	5		of individuals employed in calendar year 2016 (Part V, line 2a)			5			
vitie	6		of volunteers (estimate if necessary)			6			
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			0.			
4			business taxable income from Form 990-T, line 34			0.			
					Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)		496,632.	400,565.			
enu	9	Program servio	ce revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		34.				
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,670.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		499,336.	-			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	12,870.			
	14		to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) $\ldots$		201,772.	294,481.			
ens	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)   24 , 734	····· –	0.	0.			
Expenses					157 / 20				
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)		157,428. 359,200.	153,588. 460,939.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		140,136.	-53,755.			
L's	19	Revenue less	expenses. Subtract line 18 from line 12						
Net Assets or Fund Balances	00	Total accests /	Dart V line 16)		ginning of Current Year 248,809.	End of Year 201,751.			
Asse Bala	20 21	Total assets (F			10,274.	16,971.			
Vet / und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		238,535.	184,780.			
Pa	rt II	Signature			200,000	101,700.			
	Jnder 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 Seth Levy, CEO Type or print name and title		[	Date
Paid	Print/Type preparer's name Sean E. Cain, CPA	Preparer's signature	Date	Check PTIN if self-employed P01612986
Preparer	Firm's name 🕨 Harrington Group			Firm's EIN <b>95-4557617</b>
Use Only	Firm's address 234 East Colorad	o Blvd., Suite M150		-
	Pasadena, CA 911	01	F	Phone no. (626) 403-6801
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
632001 11-1	11-16 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2016)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2016) IOLA Foundation 26-1906629 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The It Gets Better Project's mission is to communicate to lesbian,
	gay, bisexual and transgender youth around the world that it gets
	better, and to create and inspire the changes needed to make it better
	for them.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X 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?
	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 \$ 96,847. including grants of \$ ) (Revenue \$ )
	MEDIA PROGRAM: The It Gets Better Project works in all forms of media
	to bring messages of hope to LGBT youth and to spark conversations
	about the challenges they confront.
	The Project's online video collection and social media platforms remain
	at the center of its global messaging and outreach to youth. The videos
	have been viewed tens of millions of times, and feature celebrities,
	musicians, professional athletes, political leaders, and countless
	everyday LGBT people and their allies, representing all ages, races,
	religions, nationalities, gender identities, and sexual orientations.
	Every video offers a unique perspective, but the core message in each
	is the same: telling LGBT youth that, whatever their circumstances, it
4b	(Code: ) (Expenses \$ 151,241. including grants of \$ ) (Revenue \$ )
	COMMUNITY ENGAGEMENT PROGRAM: The It Gets Better Project works directly
	in communities and collaborates with other organizations to connect
	LGBT youth with the resources they need and to leverage the Project's
	mainstream recognition to raise awareness and inspire change.
	The Project was created by harnessing the power of an ever-growing
	chorus of voices that banded together to share messages of positivity
	with LGBT youth. More than just sharing messages, however, the Project
	participates in pride events, LGBT-oriented conferences and a range of
	other activities to interact directly with LGBT young people and hear
	from them about the issues they feel are most important to them. The
	Project then identifies existing resources or collaborates with
4c	(Code:) (Expenses \$114,459. including grants of \$12,870. ) (Revenue \$)
	INTERNATIONAL PROGRAM: The It Gets Better Project brings messages of
	hope to LGBT youth around the world and works globally to inspire
	change in local communities.
	The It Gets Better Project has been international in scope since the
	first it gets better videos appeared online. Beginning in those early
	days, countless it gets better videos have been offered from supporters
	around the globe. The videos are diverse in language, culture, and
	political viewpoint, and feature a range of different issues, but they
	always demonstrate the unifying theme that it gets better.
	Building on the momentum of the international videos, the Project has
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 362,547.

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 Form 990 (2016)
 IOLA
 Foundation

 Part IV
 Checklist of Required
 Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		- 23
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x
				· 4

Form **990** (2016)

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 Form 990 (2016)
 IOLA
 Foundation

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~~	Schedule L, Part I	25b		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 "Yes,"			x
07	complete Schedule L, Part II	26		_ A
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28		21		- 23
20	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	v	
	Note All Form 990 filers are required to complete Schedule O	1.38	Δ	

Form **990** (2016)

Form	990 (2016) IOLA Foundation		26-1906	629	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportal	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	eO		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions oi	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas requ	uired			37
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	NT /	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		37/3	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			•		
•		•••••		8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?		77/7	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	40-1				
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
b	amounts due or received from them.)	116				
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forn	11b	1	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{A}$	12b		IZa		
		120				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		-1, / 4 -	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
r	Enter the amount of reserves on hand	130 13c				
		<u> </u>		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		<u> </u>

Form	990	(2016)
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IOLA Foundation

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CA}$			
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)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	It Gets Better Project - 323-782-4934			
	8920 W. Sunset Blvd., No. 220B, West Hollywood, CA 90069			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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.

Name and Title     Average hours per weak biolog and attraction used organization below     Depotition and attraction used below     Reportable componation from from organization (W2/1099-MISC)     Estimated componation from the organization (W2/1099-MISC)       (1) Seth Levy     5.00     X     X     0.     0.       (2) Brian Pines     5.00     X     X     0.     0.       (3) Julie Tarney     5.00     X     X     0.     0.       (4) Christy Thornton     5.00     X     0.     0.     0.       Director     X     0.     0.     0.     0.       (5) Kastel Thornton     5.00     X     0.     0.     0.       Director     X     0.     0.     0.     0.       (7) Brian Wake     40.00     X     0.     0.     0.       Director     X     0.     0.     0.       (3) Julie Tarney     5.00     X     0.     0.     0.       Director     X     0.     0.     0.     0.       (3) Traine Wake     40.000     X     0.     0.     0.       (1) Brian Wake     40.000     X     100,462.     0.     0.       (2) Director     2.     2.     2.     0.     0. <td< th=""><th>(A)</th><th>(B)</th><th colspan="3">(C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)	(C)					(D)	(E)	(F)	
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/rustee) and related organizations and related organizations 	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
Week(list any hours for related organizations below line)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 related organizations (W-2/1099-MISC)10011 organizations (W-2/1099-MISC)10011 organizations organizations organizations organizations(1) Seth Levy CEO5.000 XXX0.0.0.0.(2) Brian Pines Secretary & Treasurer5.000 XXX0.0.0.0.(4) Christy Thornton Director5.000 XX0.0.0.0.0.(5) Kassie Thornton Director5.000 XX0.0.0.0.(7) Brian Wenke40.000.0.0.0.0.			box	box, unless person is both an		h an	-				
(1) Seth Levy $5.00$ XX0.0.0.CEOXXX0.0.0.0.(2) Brian Pines $5.00$ XX0.0.0.Secretary & TreasurerXXX0.0.0.(3) Julie Tarney $5.00$ X0.0.0.DirectorX0.0.0.0.(4) Christy Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(5) Kassie Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(6) Avrielle Gallagher $5.00$ X0.0.0.DirectorX0.0.0.0.(7) Brian Wenke $40.00$ 1111				cer an		lirecto	n/trus	lee)			
(1) Seth Levy $5.00$ XX0.0.0.CEOXXX0.0.0.0.(2) Brian Pines $5.00$ XX0.0.0.Secretary & TreasurerXXX0.0.0.(3) Julie Tarney $5.00$ X0.0.0.DirectorX0.0.0.0.(4) Christy Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(5) Kassie Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(6) Avrielle Gallagher $5.00$ X0.0.0.DirectorX0.0.0.0.(7) Brian Wenke $40.00$ 1111			irecto								
(1) Seth Levy $5.00$ XX0.0.0.CEOXXX0.0.0.0.(2) Brian Pines $5.00$ XX0.0.0.Secretary & TreasurerXXX0.0.0.(3) Julie Tarney $5.00$ X0.0.0.DirectorX0.0.0.0.(4) Christy Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(5) Kassie Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(6) Avrielle Gallagher $5.00$ X0.0.0.DirectorX0.0.0.0.(7) Brian Wenke $40.00$ 1111			e or d	tee			sated			(00-2/1099-00150)	
(1) Seth Levy $5.00$ XX0.0.0.CEOXXX0.0.0.0.(2) Brian Pines $5.00$ XX0.0.0.Secretary & TreasurerXXX0.0.0.(3) Julie Tarney $5.00$ X0.0.0.DirectorX0.0.0.0.(4) Christy Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(5) Kassie Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(6) Avrielle Gallagher $5.00$ X0.0.0.DirectorX0.0.0.0.(7) Brian Wenke $40.00$ 1111			truste	al trus		yee	mpen		(112/1000 11100)		
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(1) Seth Levy $5.00$ XXX0.0.0.(2) Brian Pines $5.00$ XX0.0.0.Secretary & TreasurerXX0.0.0.(3) Julie Tarney $5.00$ X0.0.0.DirectorXX0.0.0.(4) Christy Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(5) Kassie Thornton $5.00$ X0.0.0.DirectorX0.0.0.0.(6) Avrielle Gallagher $5.00$ X0.0.0.DirectorX0.0.0.0.(7) Brian Wenke $40.00$ 000.0.			Indiv	Instit	Office	Keye	High empl	Form			
(2) Brian Pines       5.00       X       X       0.       0.       0.         Secretary & Treasurer       X       X       X       0.       0.       0.         (3) Julie Tarney       5.00       X       X       0.       0.       0.         Director       X       X       0.       0.       0.       0.         (4) Christy Thornton       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (5) Kassie Thornton       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (6) Avrielle Gallagher       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (7) Brian Wenke       40.00       0       0.       0.       0.	(1) Seth Levy	5.00									
Secretary & Treasurer         X         X         X         0. <td>CEO</td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	CEO		X		X				0.	0.	0.
(3) Julie Tarney       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (4) Christy Thornton       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (5) Kassie Thornton       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (6) Avrielle Gallagher       5.00       X       0.       0.       0.         Director       X       0.       0.       0.       0.         (7) Brian Wenke       40.00       0       0       0.       0.	(2) Brian Pines	5.00									
Director         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		Х				0.	0.	0.
(4) Christy Thornton       5.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(3) Julie Tarney	5.00									
Director         X         0. <t< td=""><td>Director</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	Director		Х						0.	0.	0.
(5) Kassie Thornton         5.00         X         0. <td>(4) Christy Thornton</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) Christy Thornton	5.00									
Director         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(6) Avrielle Gallagher         5.00         0.0	(5) Kassie Thornton	5.00									_
Director         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(7) Brian Wenke 40.00	_	5.00									
			X						0.	0.	0.
Executive Director     X     100,462.     0.     0.       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director     Image: Security Director     Image: Security Director       Image: Security Director     Image: Security Director		40.00							100.100		
	Executive Director				X				100,462.	0.	0.
								-			
			1								
			1								
			1								

Form 990 (2016) IOLA Fou									26-19	066	529	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	<b>es</b> (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c , unle:	(C Pos heck ss pe	<b>c)</b> ition <sup>more</sup> rson		one h an	<b>(D)</b> Reportable	<b>(E)</b> Reportable compensatior from related	۱	am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fre orga and	pensa om the anizat d relat inizati	e ion ed
										_			
		-											
										_			
1b Sub-total c Total from continuation sheets to Part V								100,462.		0.			0.
d         Total (add lines 1b and 1c)           2         Total number of individuals (including but number)								100,462. received more than \$100	,000 of reportable	<b>0.</b> e			0.
compensation from the organization											<u> </u>	Yes	1 No
<b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete</i> Schedule J for s				•	•			<b>c</b>			3	163	X
<ul> <li>For any individual listed on line 1a, is the s</li> <li>and related organizations greater than \$15</li> </ul>	um of reportab	le co	omp	ensa	atior	n and	d ot				4		x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pensa			
(A) Name and business	address	N	ONE	Ξ				(B) Description of s	ervices	Co	(C omper		n
2 Total number of independent contractors ( \$100.000 of compensation from the organ	-	iot li	mite	d to		se li: 0	stec	d above) who received n	nore than				

Form	n 990 ()	2016) IOLA	Foundati	on	26-1906629 Page 9						
Pa	rt VII	I Statement of Rever	nue								
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII						
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514			
nts	1 a	Federated campaigns	1a								
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues									
s, C		Fundraising events									
Gift lar		Related organizations									
ini,	е	Government grants (contribut	ions) <b>1e</b>								
rior S	f	All other contributions, gifts, gran									
ibu		similar amounts not included above	/e <b>1f</b>	400,565.							
ontr of O	g	Noncash contributions included in lines	1a-1f: \$								
ãČ	h	Total. Add lines 1a-1f		►	400,565.						
				Business Code							
ice	2 a										
erv ue	b										
ven S	c										
grai Rev	d										
Program Service Revenue	e										
-	f	All other program service reve									
	<u> </u>	Total. Add lines 2a-2f Investment income (including									
	3	other similar amounts)			56.			56.			
	4	Income from investment of tax									
	5	Royalties									
	U	noyanes	(i) Real	(ii) Personal							
	6 a	Gross rents									
		Less: rental expenses									
		Rental income or (loss)									
		Net rental income or (loss)									
		Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory									
	b	Less: cost or other basis									
		and sales expenses									
	с	Gain or (loss)									
	d	Net gain or (loss)		►							
ē	8 a	Gross income from fundraising	g events (not								
ent		including \$	of								
Other Revenue		contributions reported on line	-								
er		Part IV, line 18									
Gŧ		Less: direct expenses									
		Net income or (loss) from func	-	<b>&gt;</b>							
	9 a	Gross income from gaming ac									
		Part IV, line 19									
		Less: direct expenses									
		Net income or (loss) from gam	-	····· •							
	iu a	Gross sales of inventory, less		7,748.							
	h	and allowances Less: cost of goods sold									
		Net income or (loss) from sale		-	6,563.	6,563.					
	<u> </u>	Miscellaneous Revenu		Business Code	.,						
	11 a		-								
	b										
	с		<u> </u>								
		All other revenue									
		Total. Add lines 11a-11d									
	12	Total revenue. See instructions.			407,184.	6,563.	0.	56.			

IOLA Foundation

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	12,870.	12,870.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	100,462.	82,279.	12,299.	5,884
e	Compensation not included above, to disqualified	100,402.	02,275.	12,255.	5,004
6					
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	163,381.	133,816.	19,985.	9,580
7	Other salaries and wages	103,301.	133,010.	19,905.	9,500
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,589.	7,863.	1,151.	575
10	Payroll taxes	21,049.	17,260.	2,526.	1,263
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,745.	3,891.	569.	285
с	Accounting	24,973.		24,973.	
	Lobbying				
е					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	31,644.	31,644.		
12	Advertising and promotion	166.	136.	20.	10
		25,024.	14,846.	9,092.	1,086
13	Office expenses	23,024.	11,010.	5,052.	1,000
14	Information technology				
15	Royalties	14,114.	11,573.	1,694.	847
16	Occupancy	24,465.	24,465.	1,094.	04/
17	Travel	24,403.	24,403.		
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	2,210.	1,813.	266.	131
23	Insurance	3,926.	3,219.	471.	236
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 0.)				
а	Training	10,822.	10,822.		
b	Events	4,568.			4,568
с	Production expense	2,378.	2,378.		
d	Meals	2,300.	1,886.	276.	138
е	All other expenses	2,253.	1,786.	336.	131
25	Total functional expenses. Add lines 1 through 24e	460,939.	362,547.	73,658.	24,734
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)

IOLA Foundation

		Check if Schedule O contains a response or not	e to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			219,052.	1	139,002
	2	Savings and temporary cash investments			2,509.	2	34,443
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		13,729.	4	15,238	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,260.	9	4,819
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,047.			
	ь	Less: accumulated depreciation	10b	5,085.	8,172.	10c	5,962
	11	Investments - publicly traded securities			• • • • • • • •	11	
	12	Investments - other securities. See Part IV, line -		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,087.	15	2,287		
	16	Total assets. Add lines 1 through 15 (must equ			248,809.	16	201,751
	17	Accounts payable and accrued expenses			10,274.	17	16,971
	18			10/2/10	18	107571	
	19	Grants payable		19			
		Deferred revenue		20			
	20 21	Tax-exempt bond liabilities			20 21		
		Escrow or custodial account liability. Complete l			21		
Liabilities	22	Loans and other payables to current and former					
ilia		key employees, highest compensated employee					
Lia		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines				05	
		Schedule D			10,274.	25 26	16,971
	26	Total liabilities. Add lines 17 through 25			10,274.	20	10,711
		Organizations that follow SFAS 117 (ASC 958					
Fund Balances	07	complete lines 27 through 29, and lines 33 and			238,535.	27	184,780
lan	27	Unrestricted net assets			230,333.	27	104,700
Ba	28	Temporarily restricted net assets					
	29					29	
ĩ		Organizations that do not follow SFAS 117 (A	<b>30 95</b> 6				
s		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec		F		31	
Net Assets or	32	Retained earnings, endowment, accumulated in		F	238,535.	32	10/ 700
-	33	Total net assets or fund balances			238,535. 248,809.	33	184,780. 201,751.
	34	Total liabilities and net assets/fund balances			740.009.	34	i <u>ZUL./5</u> 17

Part X Balance Sheet

Form 990 (2016)

Form	1990 (2016) IOLA Foundation	26-190	6629	Pag	ge <b>12</b>		
Pa	rt 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			84.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			39.		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	238	3,5	35.		
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			0.		
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	184	<b>1</b> ,7	80.		
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2016)

SCHEDULE A	
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(Form 990	or 9	90-EZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49

)47(a)(1)	nonexempt	t charitab	le trust.
Attach	to Form 990	) or Form	990-EZ.

Open	to	Public
Insi	her	noit

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Intern	aineve		<ul> <li>Information</li> </ul>	on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at <sup>w</sup>	ww.irs.gov/fo	orm990.	Inspection	
Nan	ne of t	the organization	TOTA	Dermaletie						r identification number	
Pa	rt I	Beason for I		Foundatio	All organizations must co	omploto th	vic part ) S	oo instruction		6-1906629	
									5.		
1 1	organ				(For lines 1 through 12, o						
2					on of churches describe			I)(A)(I):			
	$\square$				(Attach Schedule E (Forn			::)			
3	H	•			anization described in <b>s</b>				VIII) Entor	the beenitel's name	
4		city, and state:	n organiza	ation operated in co	onjunction with a hospita	l described	u in sectio	n 170(a)(1)(A	ij(iii). Enter	the hospital's hame,	
5			perated fo	r the benefit of a co	ollege or university owne	d or opera	ted by a q	overnmental	unit descrik	oed in	
		section 170(b)(1)			<b>c</b>	·	, ,				
6		A federal, state, or	r local gov	ernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(	<b>(A)(vi).</b> (Co	omplete Part II.)							
8		A community trust	t describe	d in <b>section 170(b</b> )	)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural res	earch org	anization described	d in section 170(b)(1)(A)(	( <b>ix)</b> operate	ed in conju	unction with a	a land-grant	college	
		or university or a n	non-land-g	rant college of agrie	culture (see instructions)	. Enter the	name, cit	y, and state c	of the colleg	je or	
		university:									
10					e than 33 1/3% of its sup						
					ect to certain exceptions,						
					e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section 509(a		• •							
11	$\square$	-	-	-	sively to test for public sa	•					
12					sively for the benefit of, to						
					ed in <b>section 509(a)(1)</b> c of supporting organizatic						
а		-			supervised, or controlled					u aivina	
u					egularly appoint or elect						
				omplete Part IV, S		amajonty				apporting	
b					d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving	
					ganization vested in the s						
			-		, Sections A and C.	·			0 1		
с					ng organization operated	in connec	tion with,	and functiona	ally integrat	ed with,	
		its supported or	ganizatior	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-fur	nctionally	integrated. A sup	porting organization oper	rated in co	nnection \	with its suppo	orted organ	ization(s)	
		that is not functi	ionally inte	egrated. The organi	ization generally must sa	tisfy a dist	ribution re	quirement an	id an attent	iveness	
	_	requirement (see	e instructi	ons). <b>You must co</b>	mplete Part IV, Section	s A and D,	, and Part	<b>V</b> .			
е					written determination from			а Туре I, Туре	e II, Type III		
					onally integrated support						
f											
g		vide the following in	formation		ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonoton	(vi) Amount of other	
	,	(i) Name of supported organization		(ii) EIN	(described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)	
					above (see instructions))	Yes	No		,		
-										1	

### Schedule A (Form 990 or 990 EZ) 2016 IOLA Foundation

26-1906629 Page 2

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	303,066.	428,136.	330,724.	496,632.	400,565.	1,959,123.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	303,066.	428,136.	330,724.	496,632.	400,565.	1,959,123.				
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)						151,307.				
6	Public support. Subtract line 5 from line 4.						1,807,816.				
	tion B. Total Support						_, _, _, _				
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Amounts from line 4	303,066.	428,136.	330,724.	496,632.	400,565.	1,959,123.				
8	Gross income from interest,						_, , ,				
Ŭ	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources			3.	34.	56.	93.				
9	Net income from unrelated business										
9	activities, whether or not the										
10	business is regularly carried on Other income. Do not include gain										
10											
	or loss from the sale of capital		13,957.				13,957.				
	assets (Explain in Part VI.)		13,337.				1,973,173.				
	<b>Total support.</b> Add lines 7 through 10					10	60,229.				
	Gross receipts from related activities,		,				00,229.				
13	First five years. If the Form 990 is for	•	s first, second, thir	a, fourth, or fiπh ta	ax year as a sectio	n 501(c)(3)					
Sec	organization, check this box and stor ction C. Computation of Publ			<u></u>		<u></u>					
				-			91.62 %				
	Public support percentage for 2016 (					14	00.05				
	Public support percentage from 2015					15	,				
16a	33 1/3% support test - 2016. If the o						x and X				
	stop here. The organization qualifies										
D	33 1/3% support test - 2015. If the o	•									
4-	and <b>stop here.</b> The organization qual										
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac			-	-	-					
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes	-									
	more, and if the organization meets the										
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2016

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2	2016	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								-
Ū	are not an unrelated trade or bus-								
	iness under section 513								
1	Tax revenues levied for the organ-								—
-	ization's benefit and either paid to								
-	· · · · · · · · · · · · · · · · · · ·								
5	The value of services or facilities								
	furnished by a governmental unit to								
-	the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
Ľ	Amounts included on lines 2 and 3 received from other than disgualified 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								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								_
	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								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								-
	First five years. If the Form 990 is for	the organization'	l Is first second thi	rd fourth or fifth t	I ax vear as a section	1 = 501(c)(c)	3) organiz	zation	
••	· · · · · ·	e e			2		b) organiz		٦
Se	ction C. Computation of Public		ercentage					·····	4
	Public support percentage for 2016 (li			oolump (f))		15			%
	Public support percentage from 2015					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
19a	<b>33 1/3% support tests - 2016.</b> If the o	-					and line 1	/ is not	٦
	more than 33 1/3%, check this box an							▶∟	Γ
k	<b>33 1/3% support tests - 2015.</b> If the o								-
	line 18 is not more than 33 1/3%, chee	k this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	orted org	anization	▶∟	
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	3	<u></u>	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
3a		
3b		
50		
3c		
4a		
40		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
55		
9c		
10a		
10b		

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

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	ad Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	IS				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
<u>a</u>						
b						
-	From 2013					
-	From 2014					
-	From 2015					
-	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
<u> </u>	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2012					
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
e	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information, Devide the evaluations required by Dat II line 10, Dat II line 175, as 175, Dat III line 10;					
i art m	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;					
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ne 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,					
	ne 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.					
	active, decision P, and P, 2, 56, 56, 46, 46, 46, 56, 56, 56, 56, 57, and 175, and 175, and 175, active, decision B, lines 2, 1 active, decision B, line 1; Part IV, Section B, line 1; Part V, section B, line 1; Part V, section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. See instructions.)					
	(See instructions.)					
-						
-						

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

#### If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4),	(5), or (6) organizations: Complete Part III.
Name of organization	

Inal	IOLA FC	26-1906629					
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c) of	or is a section 52	7 organization.		
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures			\$		
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(	3).			
2	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section	incurred by organization manager	s under section 4955	)	►\$		
4a t	a Was a correction made? If "Yes," describe in Part IV.				Yes No		
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 5	01(c)(3).		
1	Enter the amount directly expende	d by the filing organization for sect	ion 527 exempt functi	on activities	►\$		
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	ction 527			
	exempt function activities				\$		
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,				
	line 17b				<b>\$</b>		
4	Did the filing organization file <b>Form</b>						
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and		

Schedule C (Form 990 or 990-EZ) 2016	IOLA	Foundation
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Part II-A Complete if the orga section 501(h)).	nization is ex	empt under sectio	n 501(c)(3) and file	ed Form 5768 (el	ection under
	on belongs to an	affiliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of excess lobbyi	ng expenditures).			
B Check ▶ if the filing organization	on checked box A	and "limited control" pro	ovisions apply.		
	on Lobbying Ex tures" means an	penditures nounts paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinic	n (grass roots lobbying)		0.	0.
<b>b</b> Total lobbying expenditures to influe			F	0.	
c Total lobbying expenditures (add lin	-	• • • • •		0.	0.
d Other exempt purpose expenditures				0.	
	e Total exempt purpose expenditures (add lines 1c and 1d)				
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			0.	0.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:					
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000,	000 \$100	,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50		,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		,000 plus 5% of the exce			
Over \$17,000,000		00,000.			
<u> </u>	• •				
g Grassroots nontaxable amount (ente	er 25% of line 1f)			0.	0.
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zero					
reporting section 4911 tax for this y	ear?				Yes No
	4-Year	Averaging Period Under	section 501(h)		
(Some organizations that		n 501(h) election do not parate instructions for li		of the five columns b	elow.
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					

-			0.1	000
_	f Grassroots lobbying expenditures			
	e Grassroots ceiling amount (150% of line 2d, column (e))			
	d Grassroots nontaxable amount			

Schedule C (Form 990 or 990-EZ) 2016

# Schedule C (Form 990 or 990-EZ) 2016 IOLA Foundation 26-190662 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
h	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5	o), or se	ection	
	561(6)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
	Current year				
	Carryover from last year				
-	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
-	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization IOLA Foundation		Em	ployer identification number $26 - 1906629$
Pa		d Funds or Other Similar Fund	ls or Acco	
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year	(-)	(-)	
2	Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor adv	l ised funds	
5	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
Ŭ	for charitable purposes and not for the benefit of the donor or		-	
			-	
Pa		anization answered "Yes" on Form 990		
1	Purpose(s) of conservation easements held by the organization		, 1 art 10, into 7	•
•	Preservation of land for public use (e.g., recreation or ed		storically impo	rtant land area
	Protection of natural habitat	Preservation of a ce		
	Preservation of open space		rined historie	
2	Complete lines 2a through 2d if the organization held a qualifi	ind conservation contribution in the form	n of a conson	ation assement on the last
2	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic stru			
c d	Number of conservation easements included in (c) acquired a			
u	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			l n during the tax
U	year	cased, extinguished, or terminated by t	ne organizatio	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri		f	
Ū	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easeme	nts during the year
-	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	, i	( )( )( )()	Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizati			
	conservation easements.		5	3
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthe	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:	•	,	-
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea			de
	the following amounts required to be reported under SFAS 11			
а	Revenue included on Form 990, Part VIII, line 1		►	\$

b	Assets included in	1 Form 990,	Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

\$

Sche	dule D (Form 990) 2016 IOLA Fo	undation					2	26-19	0662	9 <sub>Pa</sub>	age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, o	or Othe	er Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a s	ignificant ι	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d	1 🗆 L	oan or exc	nange progra	ams					
b	Scholarly research	е	• 🗌 o	ther							
с	c Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	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?										
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other as	sets not	included	_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıble:							
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for es	scrow or cu	istodial acco	ount liabi	lity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	-									
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
t	Administrative expenses										
g	End of year balance		<i>(</i> ); 4								
2	Provide the estimated percentage of the cur	rent year end baland		, column (a	i)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho						h				
Ja	Are there endowment funds not in the posse	ssion of the organiz	ation that	are neiu a	nu auministe	ered for t	ne organiz	ation	I	Yes	No
	by: (i) unrelated organizations								3a(i)	165	No
	<ul><li>(i) unrelated organizations</li></ul>										
h	If "Yes" on line 3a(ii), are the related organizations										
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm			1103.							
	Complete if the organization answere		0 Part IV	line 11a S	ee Form 990	) Part X	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulate	d I	(d) Boo	k valu	e
	Description of property	basis (investr		basis			preciation	~	(4) 000	value	0
12	Land		/								
	Buildings										
	Leasehold improvements										
	Equipment			1	1,047.		5,08	85.		5,9	62.
	Other				,		- , , ,	-		, -	
	Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1	0c.)					5,9	62.
		,	.,	(=),				-			

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value			l-of-year market value
(1) Financial derivatives	. ,			,
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li			
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)►				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990, F	Part X, line 15.	(1) D
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8)				
(9)	2 15 )			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		ne 11e or 11f See Form		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		ne 11e or 11f. See Form <b>(b)</b> Book value	▶ 990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			▶ 990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			990, Part X, line 25	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			990, Part X, line 25	

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

_	dule D (Form 990) 2016 IOLA FOUNDATION		26-1906629 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b	4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		ses per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						
	rt XIII Supplemental Information.						

**AT 3 H** 

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:

IOLA Foundation is exempt from taxation under Internal Revenue Code

Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure

guidance about positions taken by an organization in its tax returns that

might be uncertain. Management has considered its tax positions and

believes that all of the positions taken by IOLA Foundation in its federal

and state exempt organization tax returns are more likely than not to be

sustained upon examination. IOLA Foundation's returns are subject to

examination by federal and state taxing authorities, generally for three

and four years, respectively, after they are filed.

06 1006600

Part XIII Supplemental Information (continued)	

SCHEDULE L (Form 990 or 990-EZ)		e organization an	swered "Yes		rt IV, line 25a, 25b, 2	26, 27, 2	28a,		IB No. 15		
Department of the Treasury Internal Revenue Service	Information ab	► Atta	ach to Form	-EZ, Part V, line 38a 990 or Form 990-E2 EZ) and its instruction		orm990.		Ор	en To	Publi	
Name of the organization	IOLA Fou	ndation					loyeri -190		ficatio 29	n nun	nber
					01(c)(29) organization b, or Form 990-EZ, P						
1 (a) Name of disqualified	(b	Relationship bet person and o	ween disqua	lified	c) Description of trar			J.	(d) C Yes	orrec	ted? No
3 Enter the amount of tax Part II Loans to an	x, if any, on line : nd/or From I	2, above, reimburs	sed by the or	ganization		►	► \$ _				
reported an am (a) Name of	nount on Form 9	iswered "Yes" on 90, Part X, line 5,		, Part V, line 38a or l	Form 990, Part IV, lir	ne 26; oi	r if the	e orgai	nizatior	า	
interacted percen	(b) Relationsh		(d) Loan to or from the	(e) Original	(f) Balance due	(g) I		<b>h)</b> App by boa	uu oi j	(i) Wr	itten
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
Seth D. Levy	Officer	4,745.	Payments ma	L	Х

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

#### Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Seth D. Levy

(d) Description of Transaction: Payments made to Nixon Peabody, LLP in

which Seth D. Levy is a partner.

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 16 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number 26-1906629 IOLA Foundation Form 990, Part I, Line 1, Description of Organization Mission: transgender youth around the world that it gets better, and to create and inspire the changes needed to make it better for them. Form 990, Part III, Line 4a, Program Service Accomplishments: gets better. The Project also works to feature the it gets better message through television and film. In partnership with MTV and Logo, it produced a recurring special called It Gets Better, featuring the stories of LGBT young people, their struggles and achievements. As a result, the

Project received an Emmy award for its use of the medium of television

to achieve social good.

The media program of the It Gets Better Project continues to ensure that the it gets better message is routinely featured in print journalism, radio and other forms of media, by working with news organizations around the world to promote the Project's activities and advance discussions about topics important to LGBT youth.

Lastly, the Project inspired a New York Times best-selling book titled, It Gets Better: Coming Out, Overcoming Bullying, and Creating a Life Worth Living. The book is a collection of some of the early it gets better stories that are part of the Project's online video collection. Through the It Gets Better Schools and Libraries Project, over 1,500 copies of the book have been donated to school and community libraries LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) IOLA Foundation

around the country.

Form 990, Part III, Line 4b, Program Service Accomplishments: partners to develop new resources that address these needs. Through this collaborative approach, the Project has improved the visibility of well-established organizations that provide services for LGBT youth. It has also generated opportunities to focus on emerging issues ranging from the participation of LGBT youth in recreational and professional sports to transgender health and wellness. The Project acts as a bridge for LGBT youth to connect with the community that cares so deeply about them, and uses the power of working together to show LGBT youth a brighter future.

Form 990, Part III, Line 4c, Program Service Accomplishments: supported programs to benefit LGBT youth on six continents. The programs are as diverse as the Project's collection of videos. They include a museum exhibit in South Africa featuring local it gets better videos, an award-winning film featuring a transgender lead character in Thailand, a program about addressing LGBT bullying at the U.S. embassy in Guadalajara, Mexico and participation in pride festivals in several European capitals. People around the world have found inspiration in the it gets better message, and through that inspiration, the Project continues to identify new ways to create resources and improve the lives of LGBT youth.

The Project now also supports a growing network of more than a dozen international affiliates, from Chile and Portugal to Sweden and

Australia, each of which uses the power of the it gets better message 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization IOLA Foundation	Employer identification number 26-1906629
in its own unique way to facilitate change for LGBT youth	. Through
coordinated efforts both domestic and overseas, and working	ng alongside
its affiliates, the Project is able to bring the expertise	e of
established organizations into regions where resources for	r LGBT youth
are scarce.	
Form 990, Part VI, Section A, line 2:	
Kassie Thornton and Christie Thornton are each members of	the Board and are
married.	
Form 990, Part VI, Section B, line 11b:	

A copy of Form 990 is provided to the organization's governing body before it is filed, for review.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors reviews annual conflict of interest disclosures and addresses any issues that arise.

Form 990, Part VI, Section B, Line 15: The process for determining compensation for the Executive Director and Key Employees includes a review, discussion and approval by the Board of Directors, who do not have a conflict of interest with respect to the compensation agreement, and independent of the person being compensated. The Board of Directors makes compensation decisions by looking at comparability data, the skills and expertise of the executive and the performance in meeting goals and expectations.

Form 990, Part VI, Section C, Line 19:

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2 Employer identification number
IOLA Foundation	Employer identification number 26-1906629
Upon request.	