SCANNED FEB 1 5 2018

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Α	For the	e 2016 calendar year, or tax year beginning and e	ending							
В	Check if applicab	C Name of organization		D Employer identifi	cation number					
⊑	Addre chang	O COMANCHE POOL PRAIRIE RESOURCE FOUNDAI	OI?		04.4550					
Ļ	Name chang	Doing business as		48-1214553						
F	Instial return Final return	33371 IIC HTCHWAY 281	Room/suite	E Telephone numbe	elephone number 580 – 327 – 3425					
	termir			G Gross receipts \$	12991.					
Г	Amen	ded atsua or 72717		H(a) is this a group r	eturn					
┌	Applic			for subordinates	. T. T.					
	pendi	618 AVENUE S, PROTECTION, KS 67127	Ø0)	H(b) Are all subordinates i	ncluded? Yes No					
$\overline{}$	Tax∙ex	empt status	r 527	` '	list. (see instructions)					
		te: N/A		H(c) Group exemption						
	K Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: KS									
	art I	Summary								
_	1	Bnefly describe the organization's mission or most significant activities THE M	<u> </u>	N OF THE FO	UNDATION IS					
Activities & Governance		TO PROVIDE DEMONSTRATIONS, EDUCATION AND	CONSU	LTATION TO	REGENERATE					
r.	2	Check this box I if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.					
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	5					
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	5					
es &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0					
ŧ	6	Total number of volunteers (estimate if necessary)		6	20					
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	256.					
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.					
<u> </u>				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	ļ	0.	3801.					
enc	9	Program service revenue (Part VIII, line 2g)	<u> </u>	59200.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6.	6.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	9184.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		59206.	12991.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50000.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>, </u>	0.	 					
X	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0 · 	620.	36926.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1 f-24e)	}። ⊩	50620						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_ 네	8586	-23935.					
_	19	Revenue less expenses. Subtract line 18 from line 12	8							
ts or	3	10H 2	i ODH—	ginning of Current Year 38268	End of Year 14334.					
SSe	20	Total assets (Part X, line 16)	@	30200.	0.					
Net Asset	21	Total liabilities (Part X, line 26)	i a	38268	14334.					
	art II	Net assets or fund balances, Subtract line 21 from line 200 Signature Block	THE PARTY	30200	113311					
		athes of perjury, Localer that I have examined this return, including accompanying schedules	s and statem	ents, and to the hest of o	ny knowledge and belief, it is					
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,					
-	0, 00.10	AULA (A) KANDO	propula	12-	21-17					
Sig	n	Signature of Afficer		Date	~/ / /					
He		KALLIM FORELL TOPOSUCEC								
Type of print name and title										
_			0	Date / 20 Check	PTIN					
Pa	id	Print/Type preparer's name P Houston Prawl CPA Preparer's signature Preparer's signature	ralt	self-emplo	P01470116					
	eparer	Firm's name P Houston Prawl CPA		Firm's EIN	73-1056964					
	e Only	Firm's address PDBDX 487			2001 0 : 00					
	-	AIVA. (X. 73717		Phone no. 5	80327-3425					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No					

Form			RAIRIE RESOURC	E FOUNDATIO	48-1214553	Page 2
Pai	rt III Statement of Program Serv					
	 Check if Schedule O contains a resp 	onse or note to	o any line in this Part III .	<u> </u>	<u> </u>	
1	Briefly describe the organization's mission THE MISSION OF THE FO	: (የመስመስመተረ	א דפ ייה ספהעדה	F DEMONSTRATI	ONS EDUCAT	TON
	AND CONSULTATION TO R	FCENEDA	TE THE MATTIRAL	PESCURCES AN	D TO PROMOTI	₹
	THE ECONOMIC GROWTH C				D TO TROMOTI	
	THE ECONOMIC GROWTH C	T IIIE K	DIAH COMMUNITI	<u> </u>		
2	Did the organization undertake any signific	cant orogram e	onices during the year whic	h were not listed on the		
_	pnor Form 990 or 990-EZ?	can programs	ervices during the year wine	Were not listed on all	Ve	s X No
	If "Yes," describe these new services on S	Schedula O	•	•		
3	Did the organization cease conducting, or		nt changes in how it conduc	rts any program services?		s X No
3	If "Yes," describe these changes on Sche		int changes in now it conduc	ots, any program services i		
4	Describe the organization's program servi		ments for each of its three la	raest program services as	measured by expense	98.
4	Section 501(c)(3) and 501(c)(4) organization					
	revenue, if any, for each program service i					,
4a	(Code) (Expenses \$	36926.	including grants of \$	3801.) (Reven	ue \$	9190.)
70	(Code) (Expenses 4		medaling grants of ψ	, , , , , , , , , , , , , , , , , , , ,		
						
						
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			· · · · · · · · · · · · · · · · · · ·			
4b	(Code) (Expenses \$		including grants of \$) (Rever	nue \$)
	,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
					"-	
	· -	-				
			.470			
4c	(Code) (Expenses \$		including grants of \$) (Rever	nue \$)
			<u> </u>			
4d	Other program services (Describe in Sche	dule O.)			-	
	(Expenses \$	ncluding grants of \$) (Revenue \$)	
4e	Total program service expenses		36926.			

Form **990** (2016)

Form 990 (2016) COMANCHE POO Part IV Checklist of Required Schedules

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	х	-
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X	٠
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			
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		х	
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		х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10			
	as applicable.			,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	******			
	Part VI	11a		X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 1.0			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х	
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			х	
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	11c			
_	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	-1.0			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	İ	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-	
	Schedule D, Parts XI and XII	12a		X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?				
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
þ	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		<u> </u>	
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_		<u> </u>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>	
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>	
	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	4.		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>	
	complete Schedule G, Part III	19		X	
			990		

Х Form 990 (2016)

37

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; louch as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b	X
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b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X
bid any totalis party fieldly the organization that it was on is a party to a promotice tax shelter transaction:	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	
any contributions that were not tax deductible as charitable contributions?	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	v
to file Form 8282?	X
d If "Yes," indicate the number of Forms 8282 filed during the year	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 76 77	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
sponsoring organization have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	
a Did the sponsoring organization make any taxable distributions under section 4966?	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	
10 Section 501(c)(7) organizations. Enter	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter:	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u> </u>
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?	<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O.	
b Enter the amount of reserves the organization is required to maintain by the states in which the	
organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	

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 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 O.			
ь	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			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	, -	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, .	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	χ	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Э	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
000	tion B. 1 officies (This Section B requests information about policies not required by the internal revenus Godd,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, , , ,		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	•	х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 -
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		-
С	in Schedule O how this was done	12c		
12	·	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		x
a	The organization's CEO, Executive Director, or top management official			X
0	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	460		X
	taxable entity during the year?	16a		
D	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		~-	
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>
17				
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)	avalidū	NC.	
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request Other (explain in Schedule O)	J &		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı inan	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:			
	Kelly Forel1 - 580-327-3425			
	616 Barnes, Alva, OK 73717			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r							nsaı			/E\
(A)	(B)	(C) Position (do not check more than one box, unless person is both an			,		(D)	(E)	(F)	
Name and Title	Average				than	one	Reportable	Reportable	Estimated	
	hours per week	offi	officer and a director/trustee)			ıs bol x/trus	nan :tee)	compensation from	compensation from related	amount of other
	(list any	٥						the	organizations	compensation
	hours for	direc				Ļ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	al tru		yee	m m		(,		and related
	below	individual trustee or director	Institutional trustee	<u> </u>	Key employee	estco	ا اة			organizations
	line)	tndıv	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) Kent Jarnagin	0.25									
President		X		X				0.	0.	0.
(2) Ted Alexander	0.25									
Vice President		Х		X				0.	0.	0.
(3) Kelly Forrell	0.25									
Treasurer		X		X				0.	0.	0.
(4) Paul Rickabaugh	0.25									
Trustee		X						0.	0.	0.
(5) Mike Deewall	0.25									_
Trustee		X						0.	0.	0.
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632007 11-11-16

632008 11-11-16

\$100,000 of compensation from the organization

Form 990 (2016)

Page 9

[, a	rt V	Check if Schedule O cont		or note to any lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns	1a					
Sra Nou	1	b Membership dues	1b					
Is,	(c Fundraising events	1c					
를 즐	(d Related organizations	. 1d					
Ş.E	•	e Government grants (contribut	tions) 1e	3801.				
ig ig	1	 All other contributions, gifts, gran 	its, and					
寶		simılar amounts not included abo	ve 1f					
	,	g Noncash contributions included in lines	1 1a-1f \$					
<u>ਨੂੰ ਵ</u>	!	h Total. Add lines 1a-1f		•	3801.			
_				Business Code	-			
<u> </u>	2 6						-	
ž e		ь						
ž Š		<u> </u>						
Re	°	d						
Program Service Revenue	9	e						
-	1	f All other program service reve	enue					
		g Total. Add lines 2a-2f	 					
	3	Investment income (including	dividends, intere		6.		6.	
		other similar amounts)			0.		0.	
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties .	(A.Dal	42 Damanal				
		a Crass vanta	(i) Real	(ii) Personal				
	6 a				,		s	
	1	b Less rental expenses	ļ		3			
		c Rental income or (loss)					- ·-	n an ambanda o
		d Net rental income or (loss)		(2.01)				
	/ 6	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				•		
	L	b Less: cost or other basis						
	_	and sales expenses						
		c Gain or (loss)			**** * **** *			
		d Net gain or (loss)		_				
enne	0 6	a Gross income from fundraisin including \$						
					_			ì
æ		contributions reported on line Part IV, line 18		8934.				:
Other Re		b Less direct expenses	, a b	0.				
δ		 Net income or (loss) from fund 	• –	<u> </u>	8934.			8934
		Ret income or (loss) from fund Gross income from gaming act	-	<u> </u>	<u> </u>			0,534.
	"	Part IV, line 19	a a]				
	,	b Less direct expenses	b	-				
		c Net income or (loss) from garr	-		medaline imma alamitis an a sit		police contribute and a state of	
		a Gross sales of inventory, less	-					
		and allowances	a	j				
		b Less cost of goods sold	b					
		 Net income or (loss) from sale 	. –					
		Miscellaneous Revenu		Business Code				
	11 a		· <u>-</u>	452000	250.		250.	
		b						-
	_				-			·
		d All other revenue						
	_	e Total. Add lines 11a-11d			250.			
	12	Total revenue. See instructions.	•	•	12991.	0.	256.	8934.

Form 990 (2016) COMANCHE POOL Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
_	Check if Schedule O contains a respor			(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıviduals. 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				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees	· 			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
C	Accounting				
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17			ti, x	
f	Investment management fees				· -
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	<u> </u>			····
12	Advertising and promotion .				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	001	004		
17	Travel	894.	894.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization			-	
23	Other expanses Itemize expanses not severed				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Combined to be and	32500.	32500.		
b	Commission	3000.			
c	Meals-Refreshments	428.	428.		
d	Rent	50.	50.		· · · · · · · · · · · · · · · · · · ·
e	All other expenses	54.	54.		
25	Total functional expenses. Add lines 1 through 24e	36926.	36926.	0.	0.
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			· · · · · · · · · · · · · · · · · · ·		5- ··· 000 (004.6)

Form 990 (2016)
Part X Balance Sheet

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	Constitution of the state of th	(A)	Ė	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	36850.	1	12910.
2	Savings and temporary cash investments	1418.	2	1424
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
ŀ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			-
\$	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D	**** *********************************		
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	20060	15	11001
16	Total assets. Add lines 1 through 15 (must equal line 34)	38268.	16	14334
17	Accounts payable and accrued expenses .		17	
18	Grants payable .		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 2	Loans and other payables to current and former officers, directors, trustees,			
≣	key employees, highest compensated employees, and disqualified persons.	n h 5 dd see dod'r naan man sem man fran		A 8 A AMESSA COMPACE
	Complete Part II of Schedule L	-	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<u></u>
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
26	Schedule D	0.	25	0
- 20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ➤ X and		26	
ا م	Organizations that follow SFAS 117 (ASC 958), check here ▶			
ğ 27	Unrestricted net assets	4068.	27	4632
E 28	Temporarily restricted net assets	34200.	28	9702
29 29	Permanently restricted net assets	34200.	29	5,02
š ~	Organizations that do not follow SFAS 117 (ASC 958), check here	,,,,	25	
	and complete lines 30 through 34.			
Net Assets or Fund Balances 2 2 2 3 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds	TOTAL	30	nama America della mati manno della concessa della contenta
31	Paid in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
g 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	38268.	33	14334
34	Total liabilities and net assets/fund balances	38268.	34	14334
1 34	Total napinities and fiet assets/fully balafices	30200.	34	Form 990 (201

Form 990 (2016)

	990 (2016) COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO	48-1214	1553	Pag	_{le} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
					^4		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		129			
2	Total expenses (must equal Part IX, column (A), line 25)	2		369			
3	Revenue less expenses. Subtract line 2 from line 1	3		239			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 382</u>	<u> </u>		
5	Net unrealized gains (losses) on investments	5		_			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		143	<u>33.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ		
				Yes	No		
1	Accounting method used to prepare the Form 990: LX Cash L Accrual Chher				1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both		i i		. :		
	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 separa	te basis,		-			
	consolidated basis, or both.			1	İ		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	.		:		
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		,	;		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	fa				
	Act and OMB Circular A-133?		3a		X		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			l		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2016)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nam	e of t	he organization		DD1-TD-TD DEGO			3.m.T.O.		1 1 1 4 F F 2	
I Ba	<u> </u>			PRAIRIE RESO					<u>8-1214553</u>	
Pa	πι	Reason for Public C	nanty Status (A	All organizations must co	mplete th	s part.) Se	e instructions	<u>s. / </u>		
The o	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	\sqsubseteq	A church, convention of chu	urches, or association	on of churches described	l in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990 or 99	90-EZ).)				
3		A hospital or a cooperative	•				. ,			
4		A medical research organiza	ation operated in co	njunction with a hospital	described	l in sectio	n 170(þ)(1)(A	(ili). Enter	the hospital's nan	ne,
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	ovémmental u	ınit describ	ed in	
		section 170(b)(1)(A)(iv). (C				7	/			
6		A federal, state, or local gov	·	nental unit described in s	ection 17	'O(Ь)(1)(Ã)(v).			
7	X	An organization that normal						he general	public described	in
-		section 170(b)(1)(A)(vi). (Co	-	part of the copper	,	f.		J	,	
8		A community trust describe		(1)(A)(vi). (Complete Part	111 /					
9	一	An agricultural research org			- "	ed in coniii	nction with a	land-orant	college	
•	_	or university or a non-land-g			//					
		university:	rant concec or agric	altare (see instructions).	Titter tile	name, on	, and state o	11.0 00.109	.	
10		An organization that normal	lly receives (1) more	than 33 1/3% of its sun	port from	contributio	ne members	hin fees a	nd aross receints	from
10		=		<i>[i</i>						
		activities related to its exem		//						
		income and unrelated busin		(less section 5 FT tax) in	oni basine	sses acqu	ired by the Oi	garnzation	arter durie 50, 15	75.
4.		See section 509(a)(2). (Con	•		fatu Caa	antion EA	10/0/4\			
11	Ħ	An organization organized a An organization organized a	•	,, .	-			arn court the	numaces of one	or
12	ш			<i>!</i>						Oi
		more publicly supported org		./					meck the box in	
		lines 12a through 12d that o								
а		J Type I. A supporting orga	•	<i>[</i> -	•				-	
		the supported organization			majority	of the direc	ctors or truste	es of the s	upporting	
	Γ	organization. You must c	- //							
ь		Type II. A supporting orga								
		control or management of	//		ame perso	ons that co	introl or mana	age the sup	ported	
	_	organization(s). You must	"							
С			- //					lly integrate	ed with,	
	_	rts supported organization	/							
d	<u> </u>		, intégrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally into	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see ınstructi	ions). You must co n	nplete Part IV, Sections	A and D,	and Part	V.			
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ing organi	zation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information								
	(i) Name of supported	(iı) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of o	
		organization		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instru	ctions)
		•								
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		,								
		r	-							
		/								
	/									
	*									
							 	-	-	

Schedule A (Form 990 or 990-EZ) 2016 COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO48-1214553 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			I	_		
	include any "unusual grants.")	702.	208.	461.	0.	3801.	5172.
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	500	1			2001	- F4 F0
4	Total. Add lines 1 through 3	702.	208.	461.		3801.	5172.
5	The portion of total contributions	,					
	by each person (other than a	,		Ī			
	governmental unit or publicly						
	supported organization) included	1		ł			
	on line 1 that exceeds 2% of the	!		į			
	amount shown on line 11,	,		ł		1	
_	column (f)						5172.
	Public support. Subtract line 5 from line 4 ction B. Total Support		l				5172.
	ndar year (or fiscal year beginning in)	(-) 2012	(h) 0010	(-) 2014	(4) 2015	(2) 2016	/f) Total
	Amounts from line 4	(a) 2012 702.	(b) 2013 208.	(c) 2014 461.	(d) 2015	(e) 2016 3801.	(f) Total 5172.
8	Gross income from interest,	702.	2001	101.		3001.	32721
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11.	8.	6.		6.	31.
9	Net income from unrelated business			· · ·			
9	activities, whether or not the						
	business is regularly carried on			1			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5203.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	x year as a section		
	organization, check this box and stor	here					▶□_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.40 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the d	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	•			\triangleright [X]
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			· ·	•	rt VI how the organ	ization
	meets the "facts-and-circumstances"	J			•		. ▶∟∟
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		. —
	organization meets the "facts-and-circ		=	•	•		▶⊨
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b		_	
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO48-1214553 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	eiow, piease com	piete Part II.)				=		
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	10	e) 2016	(f) Total	—
	Gifts, grants, contributions, and	\=, = \\ - \\ - \\ - \\	12,2010	(5,2017	1,5,20.0	 ``	-,	1.7 . 5.2.1	—
•	membership fees received. (Do not								
	include any "unusual grants.")								
2									
2	Gross receipts from admissions, merchandise sold or services per-				1				
	formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose					ļ			
3	Gross receipts from activities that			,					
	are not an unrelated trade or bus-					ļ			
	iness under section 513								
4	Tax revenues levied for the organ-								
	ızation's benefit and either paid to								
	or expended on its behalf					İ			
5	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
£	Total. Add lines 1 through 5			-	 	 			
	Amounts included on lines 1, 2, and	-	+	 	 	 			
/ 2	, ,								
	3 received from disqualified persons Amounts included on lines 2 and 3 received	· · · · · · · · · · · · · · · · · · ·	-	 		ļ		<u> </u>	
L	from other than disqualified persons that							ļ	
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year					ļ			
	Add lines 7a and 7b					<u> </u>			
8	Public support. (Subtract line 7c from line 6.)					<u> </u>			
_	ction B. Total Support				_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(6	e) 2016	(f) Total	
	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties								
	and income from similar sources					ľ			
ь	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			1					
12	regularly carried on				 				
14	Other income. Do not include gain or loss from the sale of capital					1		1	
	assets (Explain in Part VI.)					1			
	Total support. (Add ilnes 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501	(c)(3) organı	zation,	_
	check this box and stop here			 				_	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2016 (I	ine 8, column (f) d	divided by line 13,	column (f))		15			%
	Public support percentage from 2015					16			%
Sec	tion D. Computation of Inves	stment Incom	e Percentage)					
17	Investment income percentage for 20	16 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17			%
	Investment income percentage from 2					18			%
	33 1/3% support tests - 2016. If the			on line 14, and lir	ne 15 is more than:	33 1/39	%, and line	17 is not	
	more than 33 1/3%, check this box a							▶[\Box
b	33 1/3% support tests - 2015. If the	=	•	• •			n 33 1/3%	and	
-	line 18 is not more than 33 1/3%, che	-						_	\Box
20	Private foundation. If the organization		-	•			-	` .	픡
	3 09-21-16	did flot offect a	55X 011 iii16 14, 18	a, or roo, oneok				0 or 990-EZ) 2	 10 16

Schedule A (Form 990 or 990-EZ) 2016 COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO48-1214553 Page 4

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		
3c	*	j
4a		
4b		
4c_		
- 		
5a		
5b		~ *
5c		
6		v constructive i
7		,
8		
9a		
9b		t
9c		,
10a		
10b		

	dule A (Form 990 or 990-EZ) 2016 COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO48-12	1455	3 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)		1	
	· 		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		
	A family member of a person described in (a) above?	11b 11c		
	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. tion B. Type I Supporting Organizations	110		
000	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			ł
	controlled the organization's activities. If the organization had more than one supported organization,			1
	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	tion 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			i
	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		L
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the averagination avoude to each of the supported eventuations, but the last day of the fifth month of the		res	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	. min nadam		
	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	1		
_	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 Part VI the role the organization's			
	supported organizations played in this regard	3		<u> </u>
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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		LNa
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ļ		
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	├ -	┋	t
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these]		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			Г
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u> .	Щ

Schedule A (Form 990 or 990-EZ) 2016 COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO48-1214553 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	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	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		<u> </u>
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year):			
a	Average monthly value of secunties	1a		<u> </u>
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	ŀ		
	factors (explain in detail in Part VI):	<u> </u>		
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	ly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO48-1214553 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) (i) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016 а b i c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 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 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ)	2016 COMANCHE	POOL PRAIRI	E RESOURCE FO	<u>UNDATIO48-1214553</u>	Page
Part VI	Supplemental I Part IV, Section A, III Inne 1; Part IV, Section Section D, lines 5, 6	Information. Providines 1, 2, 3b, 3c, 4b, 4c on D, lines 2 and 3; Par	e the explanations require c, 5a, 6, 9a, 9b, 9c, 11a, 1 rt IV, Section E, lines 1c, 2	ed by Part II, line 10; Part 1b, and 11c; Part IV, Sect 2a, 2b, 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; non B, lines 1 and 2; Part IV, Sectio line 1; Part V, Section B, line 1e, P r any additional information.	on C,
	(See instructions.)	<u> </u>				
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO

Employer identification number

COMANCHE POOL PRAIRIE RESOURCE FOUNDATIO 48-1214553
Form 990, Part I, Line 1, Description of Organization Mission:
THE NATURAL RESOURCES AND TO PROMOTE THE ECONOMIC GROWTH OF THE RURAL
COMMUNITY.
Form 990, Part VI, Section A, line 1:
See Schedule O
Form 990, Part VI, Line 1a
Current board members nominate and elect any new board members.
Form 990, Part VI, Line 11b
Board members receive a PDF file copy of the return via email to review
before the tax return is mailed by the secretary.
Form 990, Part VI, Line 19
All governing documents and financial reports are available upon
request through the CPA's office.
Form 990, Part VI, Section C, Line 19:
See schedule O