efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492122009828 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 **B** Check if applicable D Employer identification number C Name of organization OKLAHOMA TURFGRASS RESEARCH FOUNDATION INC ☐ Address change 73-6103397 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 5203 N WASHINGTON ST ☐ Final return/terminated (405) 818-9720 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return STILLWATER, OK 74075 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 70,472 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 7,805 4 4 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6,482 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d6.482 7a Gross sales of inventory, less returns and allowances . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 84,759 10 10 Grants and similar amounts paid (list in Schedule O) 55,500 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 6,900 13 735 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 303 16 Other expenses (describe in Schedule O) 16 37.941 17 Total expenses. Add lines 10 through 16 17 101,379 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -16,620 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 47,773 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 31,153 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this	Part II			
	erreek if the organization asea serreadic	o to respond to diff q	acstron in this		eginning of year		(B) End of year
22 Cash sa	vings, and investments		1	(A) D	47,998	22	31,378
	d buildings				1,,,,,,,	23	31,370
	sets (describe in Schedule O)					24	
25 Total as	,				47,998	25	31,378
	abilities (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·		225		225
	ets or fund balances (line 27 of column		i		47,773	-	31,153
Part III	Statement of Program Service	· , <u> </u>		ons for Pa		Ť	Expenses
	Check if the organization used Schedule						Required for section 501(c)
	organization's primary exempt purpose?						3) and 501(c)(4) rganizations, optional for
Describe the	URFGRASS RESEARCH AND EXPERIMENT, a organization's program service accompling expenses. In a clear and concise manner and other relevant information for each program of the control of th	shments for each of its er, describe the service					thers)
	nal Data Table						
(Cranta #)	If this amoun	t includes foreign gran	ta abaali bara		⊾ □	20.	
(Grants \$)	tional Data Table	t includes foreign gran	its, check here	• •	. • 🗆	28a	!
29 See Addi	tional Data Table					296	
					. \Box		
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ ⊔		
30						30a	a
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule 0)			· · ·			
(Grants \$)	• • • • • • • • • • • • • • • • • • • •	it includes foreign gran	ts. check here		. ▶ □	31a	
. , ,	ogram service expenses (add lines 28a				•	+-	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one eve	en if not co	ompensated — see the		uctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.			🗆
	(a) Name and title	(h) Average	l (a) Banart	ablo	(d) Health bene	-5	(e) Estimated amount
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/	tion		nploy	vee of other compensation
			MISC) (if no enter -0)- <u>)</u>	deferred compen	satio	n
JARED WOO	TEN	5 00		0			
PRESIDENT							
SABRINA BU	JXTON	10 00		6,900			
CECTV/TDEA	i.e						
SECTY/TREA MIKE BUXTO		5 00		0			
MIKE BOXIC	on .	3 00		J			
VICE PRESI	DENT						
DAVID GER	KEN	5 00		0			
DIRECTOR							
DENNIS LIN	DEMANN	5 00		0			
DIRECTOR							
RICK MURRA	AY .	5 00		0			
DIRECTOR							
DENNIS BRI	GHAM	5 00		0			
DIRECTOR							
NEAL BILGE	R	5 00		0			
TENE BILOL				J			
DIRECTOR							
							F 000 F7 (2017)

Pa	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the							
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V							
			Yes	No				
33	Old the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a letailed description of each activity in Schedule O			No				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No				
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			No				
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b						
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a							
b	Did the organization file Form 1120-POL for this year?	37b		No				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were							
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			No				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b							
39	Section 501(c)(7) organizations Enter	1						
а	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities]						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under							
	section 4911 ▶, section 4912 ▶, section 4955 ▶							
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b						
С	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization							
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No				
41	transaction? If "Yes," complete Form 8886-T							
42a	•	► (405) 818-9720						
	Located at ► 5203 N WASHINGTON ST STILLWATER, OK ZIP + 4 ►	7407	75					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No				
	If "Yes," enter the name of the foreign country	420						
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42 c		No				
	If "Yes," enter the name of the foreign country							
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □					
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43							
			Yes	No				
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44ь		No				
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No				
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an							
1F~	explanation in Schedule O	44d 45a		No.				
	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			110				
-50	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No				

orm !	990-EZ	Z (2017)							Page 4
								Yes	No
		e organization engage, directly or indirect lates for public office? If "Yes," complete					46		
Part	: VI	Section 501(c)(3) organizations	s only				1		1
		All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest O to respond to any of	ions 47-49b and 5	52, and c	omplete the table	s for lı	nes 50	and 51 □
				,				Yes	No
47	Did the	e organization engage in lobbying activiti	es or have a section 5	01(h) election in effe	ect during	the tax year?			
	If "Yes	s," complete Schedule C, Part II					47		
48	Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E		48		
49a	Did the	e organization make any transfers to an e	exempt non-charitable	related organization	n?		49a		
b	If "Yes	s," was the related organization a section	527 organization? .				49b		
50		ete this table for the organization's five hack received more than \$100,000 of com					and key	employ	ees)
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contri) Health benefits, butions to employee		stimated er comp	
			devoted to position	(Forms W-2/1099 MISC)		enefit plans, and rred compensation			
f	Total	I number of other employees paid over \$	100,000			-			
		ete this table for the organization's five hensation from the organization. If there is		ndependent contract	tors who e	ach received more th	nan \$10	0,000 o	f
		(a) Name and business address of e	<u> </u>	actor	(b) Ty	pe of service (c) Comp	ensation	<u> </u>
d	Total	I number of other independent contractor	s each receiving over	\$100,000		-			_
-		·	-			_			
52		the organization complete Schedule A? N ipleted Schedule A					► □ Y 6	es 🗆 I	No
Jnder	penalt	nes of perjury, I declare that I have exam	nined this return, inclu	ding accompanying:	schedules	and statements, and	to the	best of	mv
nowl		nd belief, it is true, correct, and complete							
	<i>'</i> 1	\							
Sign		Signature of officer				2018-05-02 Date			
lere		SABRINA BUXTON SECRETARY							
		Type or print name and title Print/Type preparer's name	Preparer's signature	Da	ate	- PTIN			
Paid	i	EDWIN R ONLEY				Check I if P0013 self-employed	9828		
	oarer	I				Firm's EIN ▶			
726	Only	Timis address P 800 South Hall Saice	314		_	Phone no (405) 372-7	744		
		Stillwater, OK 74074							
May th	ne IRS	discuss this return with the preparer sho	wn above? See instruc	ctions		► 6	☑ Yes	□ No	

Additional Data

Software ID:

Software Version:

EIN: 73-6103397

Name: OKLAHOMA TURFGRASS RESEARCH FOUNDATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

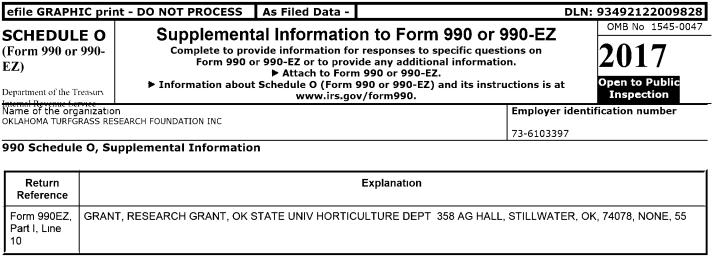
Describe the organization's services, as measured by ex number of persons benefite	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 OTRF HOLDS ANNUAL CONFER TURFGRASS MANAGEMENT	ENCE AND TRADE SHOW EACH YEAR TO EDUCATE THE MEMBERS OF OTRF ON	28a	36,166
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$		

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional for others.)

Form 990EZ, Part III - Statement of Program Service Accomplishments

ı				<u> </u>
I	29		29a	55,500
•		TMENT OF HORTICULTURE AT OKLAHOMA STATE UNIVERSITY FOR		·
I	RESEARCH AND TO EDUCATE THE ME	MBERS OF OTRF ON TURFGRASS MANAGEMENT		
I	(Grants \$ 55,500)	If this amount includes foreign grants, check here $\ . \ . \ . \ lacksquare$		



990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, SUPPLIES 1199 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, PAYROLL TAX 576 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, CONFERENCE, CONVENTION, & MEETINGS 36166
Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Depreciation 0 Part I, Line

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Part II, Line COMPUTER/PRINTER \$1,000 LESS ACCUM DEPR \$1,000 0 0

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, PAYROLL TAX PAYABLE 225 225 Part II, Line