

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **OPRY HERITAGE FOUNDATION OF OKLA**
 Doing business as: **Centennial Rodeo Opry**
 Number and street (or P.O. box if mail is not delivered to street address): **2221 EXCHANGE AVENUE**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **OKLAHOMA CITY OK 73108**

D Employer identification number: **02-0724111**
E Telephone number: _____
G Gross receipts: **244,435**

F Name and address of principal officer:
RANDY EARHART
2221 Exchange Avenue
OKLAHOMA CITY OK 73108

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A** **H(c)** Group exemption number: _____

K Form of organization: Corporation Trust Association Other **L** Year of formation: _____ **M** State of legal domicile: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Providing quality music education and artist development while expanding the music industry and tourism in Oklahoma

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	8
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	2
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	218,825	120,635
9	Program service revenue (Part VIII, line 2g)	95,055	98,589
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,829	25,211
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,709	244,435
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54,645	68,629
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	255,829	227,097
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	310,474	295,726
19	Revenue less expenses. Subtract line 18 from line 12	24,235	-51,291
	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	139,580	82,224
21	Total liabilities (Part X, line 26)	18,412	12,347
22	Net assets or fund balances. Subtract line 21 from line 20	121,168	69,877

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: **5/11/18**
 Type or print name and title: **RANDY EARHART DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **Jeff Henderson** Preparer's signature: *[Signature] Date: **05/11/18** Check if PTIN self-employed **P00449797**
 Firm's name: **Core Group** Firm's EIN: **73-1530551**
 Firm's address: **8901 Commerce Park Dr Oklahoma City, OK 73132-5103** Phone no.: **405-720-1244***

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

For Paperwork Reduction Act Notice, see the separate instructions. **Form 990 (2017)**