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Form **990**

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)

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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

C Name of organization
RUTH ECKERD HALL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1111 MCMULLEN BOOTH ROAD
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CLEARWATER, FL 33759

D Employer identification number
59-1803628

E Telephone number
(727) 791-7060

G Gross receipts $ 24,936,300

F Name and address of principal officer
ZEV BUFFMAN
1111 MCMULLEN BOOTH ROAD
CLEARWATER,FL 33759

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)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW RUTHECKERDHALL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ENGAGE THE COMMUNITY TO MASTER, EXPERIENCE, DISCOVER AND EXPLORE QUALITY PERFORMING ARTS

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)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	234
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,381,632	4,658,785
	9	Program service revenue (Part VIII, line 2g)	18,401,585	19,758,092
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,277	460,316
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-97,740	-112,022
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,923,754	24,765,171
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	44,320	49,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,647,220	5,324,853
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,723,107		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,262,842	18,859,962
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,954,382	24,233,815
	19	Revenue less expenses Subtract line 18 from line 12	969,372	531,356

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	35,523,325	37,597,358
	21	Total liabilities (Part X, line 26)	11,805,159	13,259,089
	22	Net assets or fund balances Subtract line 21 from line 20	23,718,166	24,338,269

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

****** 2017-07-31
Signature of officer Date

LORI GLOVER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALICIA BROWN	ALICIA BROWN			P01337755
Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 27-3605969	
Firm's address ▶ 13577 FEATHER SOUND DRIVE 400 CLEARWATER, FL 33762			Phone no (727) 572-1400	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

RUTH ECKERD HALL WAS ORGANIZED TO SUPPORT THE ESTABLISHMENT AND OPERATION OF A PERFORMING ARTS CENTER AND THEATER FACILITY ON PROPERTY DONATED TO THE CITY OF CLEARWATER, FL FOR THIS PURPOSE THE FACILITY SERVES A WIDE FIVE-COUNTY AREA, COMFORTABLY SEATING 2,180 THE PERFORMING ARTS CENTER AND THE THEATER, NAMED RUTH ECKERD HALL AT THE RICHARD B BAUMGARDNER CENTER FOR THE PERFORMING ARTS, OPENED ITS DOORS IN OCTOBER 1983 THE CENTER, THROUGH YEAR-ROUND PROGRAMMING, SERVES THE LOCAL AND REGIONAL COMMUNITY OF THE TAMPA BAY, FLORIDA AREA BY OFFERING A VARIETY OF ACTIVITIES THAT ARE BOTH EDUCATIONAL AND ENTERTAINING THE THEATER FEATURES BROADWAY SHOWS, ORCHESTRAL PERFORMANCES, OPERA, DANCE, JAZZ, AND POPULAR MUSIC THE CENTER PROVIDES EDUCATIONAL OPPORTUNITIES TO THE COMMUNITY THROUGH ITS MARCIA P HOFFMAN SCHOOL OF THE ARTS PERFORMANCES AND PARTICIPATORY CLASSES IN MUSIC, DANCE, AND THEATER COMMUNITY GROUPS MAY RENT THE FACILITY AT REDUCED RATES

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 ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 19,883,804 including grants of $ 49,000) (Revenue $ 18,918,081)

See Additional Data

4b (Code) (Expenses $ 901,962 including grants of $) (Revenue $ 486,318)

See Additional Data

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 20,785,766

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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		No
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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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		No
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		No
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," complete Schedule L, Part II*	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	222			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
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	234			
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)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
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 (such as a bank account, securities account, or other financial account)?			4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	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 the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
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?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure**
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 27			
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 23			
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
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**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶LORI GLOVER 1111 N MCMULLEN BOOTH RD CLEARWATER, FL 33759 (727) 791-7060

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	891,180	0	37,516

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE CONTRACTORS INC 620 DREW STREET CLEARWATER, FL 33755	CONSTRUCTION	827,343
A-1 CONTRACT STAFFING GROUP LLC 3829 COCONUT PALM DR TAMPA, FL 33619	STAFFING SERVICES	583,044
LIVENATION WORLDWIDE INC 9348 CIVIC CENTER DRIVE BEVERLY HILLS, CA 90210	PROMOTIONS	563,667
J & R AFFILIATES 1761 W HILLSBORO BLVD SUITE 409 DEERFIELD BEACH, FL 33442	ARTIST	385,213
AEG LIVE LLC 145 W 45TH ST 9TH FLOOR NEW YORK, NY 10036	PROMOTIONS	371,201

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 25

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b 1,948,948				
	c	Fundraising events	1c 358,917				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 1,022,367				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,328,553				
	g	Noncash contributions included in lines 1a-1f $	17,500				
	h	**Total.** Add lines 1a-1f . . . . ▶		4,658,785			
Program Service Revenue			Business Code				
	2a	ADMISSIONS AND RENTALS	711190	15,982,365	15,982,365		
	b	TICKETING SERVICE FEE	711300	1,360,205	1,360,205		
	c	GROUNDS FEES	561000	661,811	661,811		
	d	FOOD, BEVERAGE, ETC	721000	642,221			642,221
	e	TUITION AND REGISTRATION	611600	486,318	486,318		
	f	All other program service revenue		625,172	625,172		
	g	**Total.** Add lines 2a–2f . . . . ▶		19,758,092			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		172,606			172,606
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 287,710				
	b	Less cost or other basis and sales expenses	(i) 0				
	c	Gain or (loss)	(i) 287,710				
	d	Net gain or (loss) . . . . ▶		287,710	287,710		
	8a	Gross income from fundraising events (not including $ 358,917 of contributions reported on line 1c) See Part IV, line 18 . .	a 58,289				
	b	Less direct expenses . . .	b 171,129				
	c	Net income or (loss) from fundraising events . . ▶		-112,840			-112,840
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	BROADWAY PARTNERSHIP INVESTMENTS	711190	818	818		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶		818			
	12	**Total revenue.** See Instructions . . . . . ▶		24,765,171	19,404,399	0	701,987

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	49,000	49,000		
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	602,527	342,648	259,879	
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	3,843,048	2,922,727	402,979	517,342
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,481	39,968	54,589	2,924
9	Other employee benefits	421,954	309,002	55,541	57,411
10	Payroll taxes	359,843	269,513	50,455	39,875
11	Fees for services (non-employees)				
a	Management				
b	Legal	46,756	20,810	25,773	173
c	Accounting	45,150	18,511	25,284	1,355
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	42,631		42,631	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,837,112	11,315,062	34,408	487,642
12	Advertising and promotion	1,469,323	1,386,418		82,905
13	Office expenses	791,234	664,303	71,280	55,651
14	Information technology	178,860	59,460	106,237	13,163
15	Royalties . .	258,657	256,133	662	1,862
16	Occupancy	894,210	717,860	95,272	81,078
17	Travel	158,995	145,977	6,157	6,861
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,827	274		1,553
20	Interest	228,466	182,773	34,270	11,423
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,277,457	1,028,506	191,619	57,332
23	Insurance	450,086	187,078	247,668	15,340
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CATERING	247,096	222,728	0	24,368
b	AUDITORIUM SERVICE EXPE	224,218	224,218	0	0
c	OVATION EXPENSES	161,199	161,199	0	0
d	SPECIAL EVENT EXPENSES	144,809	0	0	144,809
e	All other expenses	401,876	261,598	20,238	120,040
25	**Total functional expenses.** Add lines 1 through 24e	24,233,815	20,785,766	1,724,942	1,723,107
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

Section	Line	Description			(A) Beginning of year	Line	(B) End of year
Assets	1	Cash–non-interest-bearing			2,808,588	1	4,932,195
	2	Savings and temporary cash investments			250,000	2	250,000
	3	Pledges and grants receivable, net			1,460,544	3	1,248,830
	4	Accounts receivable, net			530,940	4	448,373
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			38,706	8	25,461
	9	Prepaid expenses and deferred charges			712,279	9	437,214
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	37,038,050			
	b	Less accumulated depreciation	10b	15,091,199	22,103,058	10c	21,946,851
	11	Investments—publicly traded securities			5,366,931	11	5,797,794
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			681,873	13	714,835
	14	Intangible assets			232,707	14	222,919
	15	Other assets See Part IV, line 11			1,337,699	15	1,572,886
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			35,523,325	16	37,597,358
Liabilities	17	Accounts payable and accrued expenses			1,270,549	17	1,452,973
	18	Grants payable				18	
	19	Deferred revenue			4,311,521	19	5,844,038
	20	Tax-exempt bond liabilities			4,110,000	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			48,479	21	45,019
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,629,155	23	5,573,991
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			435,455	25	343,068
	26	**Total liabilities.** Add lines 17 through 25			11,805,159	26	13,259,089
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			17,615,316	27	17,822,108
	28	Temporarily restricted net assets			1,692,143	28	2,097,437
	29	Permanently restricted net assets			4,410,707	29	4,418,724
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			23,718,166	33	24,338,269
	34	Total liabilities and net assets/fund balances			35,523,325	34	37,597,358

Part XI **Reconcilliation 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	24,765,171
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,233,815
3	Revenue less expenses Subtract line 2 from line 1	3	531,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,718,166
5	Net unrealized gains (losses) on investments	5	57,596
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	31,151
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,338,269

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:
Software Version:
EIN: 59-1803628
Name: RUTH ECKERD HALL INC

Form 990, Part III, Line 4a

4a	(Code) (Expenses $ 19,883,804 including grants of $ 49,000) (Revenue $ 18,918,081) PROGRAMMING PROGRAMMING HAS INCLUDED NATIONALLY AND INTERNATIONALLY ACCLAIMED DANCE COMPANIES, MAJOR SYMPHONY ORCHESTRAS, RENOWNED AND EMERGING CLASSICAL SOLOISTS, CHAMBER ENSEMBLES, BROADWAY TOUR COMPANIES, AND NATIONALLY RECOGNIZED POP, ROCK AND JAZZ ARTISTS SINCE ITS 1983 OPENING, RUTH ECKERD HALL (REH) HAS ESTABLISHED ITSELF AS AN INDUSTRY LEADER IN THE UNITED STATES AND HAS CONSISTENTLY BROUGHT NATIONALLY AND INTERNATIONALLY RENOWNED ARTISTS AND ARTISTIC COMPANIES TO THE TAMPA BAY AREA (SEE SCHEDULE O FOR A CONTINUATION OF INFORMATION)

Form 990, Part III, Line 4b

4b	(Code	) (Expenses $	901,962	including grants of $	) (Revenue $	486,318)	

THE MARCIA P HOFFMAN SCHOOL OF THE ARTS ("THE SCHOOL") WAS ESTABLISHED ON THE RUTH ECKERD HALL (REH) CAMPUS IN 2003 AND IS AN INTEGRAL PART OF REH, INC ITS STATED PURPOSE IS TO PROVIDE LIFELONG LEARNING OPPORTUNITIES WHICH PROVIDE ACCESSIBILITY TO AND EXPLORATION, DISCOVERY AND MASTERY OF THE ARTS THE COMPREHENSIVE EDUCATION PROGRAMS SERVE THE NEEDS OF YOUTH, BOTH SCHOOL-BASED AND NON SCHOOL-BASED, THOSE OF CHALLENGED STUDENTS AND THE ELDERLY (SEE SCHEDULE O FOR A CONTINUATION OF INFORMATION)

Form 990, Part III, Line 4c

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE COTTON DIRECTOR	1 00	X						0	0	0
JOSHUA MAGIDSON IMMEDIATE PAST CHAIR	1 00	X		X				0	0	0
MARCUS GREENE CHAIR	4 00	X		X				0	0	0
JANA L JONES VICE CHAIR	2 00	X		X				0	0	0
DAVID ABELSON DIRECTOR	1 00	X						0	0	0
SUSAN BENJAMIN DIRECTOR	1 00	X						0	0	0
FRANK HIBBARD SECRETARY	3 00	X		X				0	0	0
MICHAEL BOLLENBACK TREASURER	3 00	X		X				0	0	0
SHIRLEY BOELHOWER DIRECTOR	1 00	X						0	0	0
ALAN S GASSMAN DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARK NIXON DIRECTOR	1 00	X						0	0	0
MELISSA SEIXAS DIRECTOR	1 00	X						0	0	0
JOHN TIMBERLAKE DIRECTOR	1 00	X						0	0	0
BARRY ALPERT DIRECTOR	1 00	X						0	0	0
GLENN BERGOFFEN DIRECTOR	1 00	X						0	0	0
RAY BOUCHARD DIRECTOR	1 00	X						0	0	0
KEN HAMILTON DIRECTOR	1 00	X						0	0	0
JOAN KLINE DIRECTOR	1 00	X						0	0	0
RANDY LOOS DIRECTOR	1 00	X						0	0	0
STEVE SIKA DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHN SIMMONS DIRECTOR	1 00	X						0	0	0
GLENN WATERS DIRECTOR	1 00	X						0	0	0
THOMAS WRIGHT DIRECTOR	1 00	X						0	0	0
JAMES CONLIN DIRECTOR	1 00	X						0	0	0
ELIZABETH ENGLAND DIRECTOR	1 00	X						0	0	0
CESAR LARA DIRECTOR	1 00	X						0	0	0
SCOTT MCLAREN DIRECTOR	1 00	X						0	0	0
ZEV BUFFMAN PRESIDENT & CEO	40 00			X				252,472	0	7,114
LORI A GLOVER CHIEF FINANCIAL OFFICER	40 00			X				112,296	0	6,252
ROBERT ROSSI CHIEF PROGRAMMING OFFICER	40 00				X			212,275	0	6,252

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SUSAN CROCKETT CHIEF INFORMATION OFFICER	40 00					X		108,672	0	5,853
ADAM NANCE CHIEF DEVELOPMENT OFFICER	40 00					X		104,673	0	6,217
MEGAN BRENNAN VICE PRESIDENT - MARKETING	40 00					X		100,792	0	5,828

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
RUTH ECKERD HALL INC

Employer identification number
59-1803628

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f Enter the number of supported organizations . . . . ______
g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,148,292	5,231,665	5,748,624	4,381,632	4,658,785	24,168,998
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,148,292	5,231,665	5,748,624	4,381,632	4,658,785	24,168,998
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)						798,599
6 **Public support.** Subtract line 5 from line 4						23,370,399

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4,148,292	5,231,665	5,748,624	4,381,632	4,658,785	24,168,998
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,282	159,348	135,817	132,351	172,606	758,404
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						24,927,402

12 Gross receipts from related activities, etc (see instructions) | 12 | 87,118,453

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 93 750 %

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 96 620 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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*	1		
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)*	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*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
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 II of Schedule L (Form 990)*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
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)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c	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		

Part IV Supporting Organizations (continued)

Section 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		

Section 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		

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 **Part VI** the role the organization's supported organizations played in this regard*	3		

Section 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 year **(see instructions)**

a ☐ 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 instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	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 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 **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.**			
a	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		

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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section 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		

Section 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)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in Part VI) ____________			
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		

Section 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-functionally-integrated Type III supporting organization (see instructions) ☐

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	
2 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	
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 organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . ______________			
e From 2014. . . . . ______________			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______________________			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . ______________			
d From 2014. . . . . ______________			
e From 2015. . . . . ______________			

Part VI **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, line 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 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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493212005567

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

2015

Open to Public Inspection

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 the organization	Employer identification number
RUTH ECKERD HALL INC	59-1803628

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	25,000	
c	Total lobbying expenditures (add lines 1a and 1b)	25,000	
d	Other exempt purpose expenditures	20,166,916	
e	Total exempt purpose expenditures (add lines 1c and 1d)	20,191,916	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2012	**(b)** 2013	**(c)** 2014	**(d)** 2015	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	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)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(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?	**2**		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	**3**		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	**1**	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	**2a**	
b	Carryover from last year	**2b**	
c	Total	**2c**	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	**4**	
5	Taxable amount of lobbying and political expenditures (see instructions)	**5**	

Part IV Supplemental Information

Provide 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 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization	Employer identification number
RUTH ECKERD HALL INC	59-1803628

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______

4 Number of states where property subject to conservation easement is located ▶______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ 305,035

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☑

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,746,636	5,544,790	5,149,563	4,915,511	4,604,787
b	Contributions	428,260	299,745	235,944		
c	Net investment earnings, gains, and losses	315,322	12,776	279,876	234,052	310,724
d	Grants or scholarships					
e	Other expenditures for facilities and programs	167,975	110,675	120,593		
f	Administrative expenses					
g	End of year balance	6,322,243	5,746,636	5,544,790	5,149,563	4,915,511

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 25 000 %

b Permanent endowment ▶ 70 000 %

c Temporarily restricted endowment ▶ 5 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)	Yes	
	(ii) related organizations	3a(ii)		No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,500		37,500
b Buildings		2,087,360	324,665	1,762,695
c Leasehold improvements		30,474,786	12,300,940	18,173,846
d Equipment		3,083,619	2,465,594	618,025
e Other		1,354,785		1,354,785
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				21,946,851

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
LIABILITY UNDER INTEREST RATE SWAP AGREEMENT	343,068
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	343,068

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	24,498,288
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-34,791		
b	Donated services and use of facilities	2b	44,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	9,209
3	Subtract line **2e** from line **1**			3	24,489,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	276,092		
c	Add lines **4a** and **4b**			4c	276,092
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	24,765,171

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	23,052,961
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	44,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	150,251		
e	Add lines **2a** through **2d**			2e	194,251
3	Subtract line **2e** from line **1**			3	22,858,710
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,375,105		
c	Add lines **4a** and **4b**			4c	1,375,105
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	24,233,815

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1803628
Name: RUTH ECKERD HALL INC

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	REH COMMISSIONED ARTIST CHRISTOPHER STILL TO CREATE A COMMEMORATIVE PAINTING FOR REH'S 25T H ANNIVERSARY THE MASTERPIECE IS CALLED "AN EVENING TO REMEMBER AND IS HANGING IN THE WES T LOBBY OF THE HALL THE PAINTING IS A VIEW OF THE INTERIOR OF THE THEATRE WITH MANY OF TH E MAJOR SUPPORTERS THAT BUILT RUTH ECKERD HALL REPRESENTED IN THE PAINTING AS WELL AS RUTH ECKERD HALL'S ORIGINAL LOGO IT PROVIDES A SIGNIFICANT VISUAL ENHANCEMENT TO THE FACILITY FOR THOSE ENTERING THE WEST LOBBY

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE ORGANIZATION HOLDS ASSETS IN ESCROW FOR CERTAIN CHARITABLE TRUST AGREEMENTS THAT ARE P AYABLE TO THE CONTRIBUTOR UNDER CERTAIN TERMS AND CONDITIONS THE ORGANIZATION OTHERWISE R ETAINS UNRESTRICTED TITLE TO THE FUNDS FROM THE TRUST THOSE FUNDS ARE NOT PAYABLE TO ANY OTHER PARTY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT ASSETS HAVE BEEN ESTABLISHED BY DONORS TO PROVIDE A PREDICTABLE STREAM OF FUNDIN G TO OPERATING THE PROGRAMMING ACTIVITIES OF RUTH ECKERD HALL, INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNA L REVENUE CODE THE ORGANIZATION APPLIES ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCO ME TAXES ("ASC 740") ASC 740 PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERT AIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION B Y TAXING AUTHORITIES THERE IS NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF THE APPLICATION OF THIS STANDARD THE ORGANIZATIO N'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF INCOME TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS N O MATERIAL IMPACT OF OVERALL APPLICATION OF THIS STANDARD THE ORGANIZATION'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2012 TAX YEAR ENDED SEPTEMBER 30, 2013, AND AL L SUBSEQUENT TAX YEARS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT INCOME (LOSS) 426,343 SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUES - 171,129 OTHER REVENUE RECLASSED FROM EXPENSES 20,878

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUES 171,129 MISCELLANEOUS REVENUE INCLUDED IN EXPENSES -20,878

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BUILDING DEPRECIATION 1,016,554 DEBT RENEWAL 105,798 INTEREST EXPENSE 228,466 AMORTIZATION OF INTANGIBLES ASSETS 24,287

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTH ECKERD HALL INC

Employer identification number
59-1803628

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 REH ANNUAL GALA (event type)	(b) Event #2 NUEVO ARTS DINNER (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	372,042	19,500	25,664	417,206
	2 Less Contributions	343,017	15,900		358,917
	3 Gross income (line 1 minus line 2)	29,025	3,600	25,664	58,289
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	140,368	9,152	21,609	171,129
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				171,129
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-112,840

Part III **Gaming.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities ____________________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ____________________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain ____________________

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTH ECKERD HALL INC

Employer identification number
59-1803628

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) ROBERT AND LESLIE FREEDMAN PRIVATE LESSONS SCHOLARSHIP FUND THIS AWARD IS MIXED TALENT/NEEDS BASED, AND IS INTENDED FOR PERSONS IN THE TAMPA BAY AREA WHO WISH TO STUDY AT THE MARCIA P HOFFMAN SCHOOL OF THE ARTS IN THE AREA OF PRIVATE INSTRUCTION AWARD RECIPIENTS ARE INSTRUCTOR-NOMINATED WITH MANAGER AND COMMITTEE SELECTIONS TO ALLOCATE FUNDS THE GOAL IS TO STRENGTHEN AND LEVEL THE PLAYING FIELD FOR STUDENTS IN MARGINALIZED SITUATIONS THE AWARD WILL BE USED FOR TUITION FOR PRIVATE LESSON INSTRUCTION AT THE MARCIA P HOFFMAN SCHOOL	16	18,000			
(2) OTHER SCHOLARSHIPS AND FUNDS RUTH ECKERD HALL ALSO SPONSORS THE FRED TRAVALENA SCHOLARSHIP, THE JOHNNY MAESTRO VOCAL SCHOLARSHIP, THE LANDON KORABEK SCHOLARSHIP, AND THE BARBARA ENGLEHART ART INSTRUCTION SCHOLARSHIP THESE AWARDS ARE MIXED TALENT / NEEDS-BASED, AND ARE INTENDED FOR PERSONS IN THE TAMPA BAY AREA WITH VARYING DEMOGRAPHICS, WHO WISH TO STUDY AT THE MARCIA P HOFFMAN SCHOOL OF THE ARTS IN THE AREA OF PRIVATE INSTRUCTION THE AWARD WILL BE USED FOR TUITION FOR PRIVATE LESSON INSTRUCTION AT THE MARCIA P HOFFMAN SCHOOL	5	5,000			
(3) DARE TO DREAM SCHOLARSHIP AWARDS THIS AWARD IS TALENT-BASED, AND IS INTENDED FOR MARCIA P HOFFMAN SCHOOL OF THE ARTS STUDENTS APPLICATIONS MUST BE SUBMITTED, WITH ADJUDICATED PRELIMINARY AND FINAL (LIVE) COMPETITIONS REQUIRED STUDENTS ARE AWARDED THE FUNDS DIRECTLY, AND ARE ENCOURAGED TO USE THEM FOR TUITION OR ADVANCED TRAINING BEYOND HIGH SCHOOL AND THE MARCIA P HOFFMAN SCHOOL OR ARTS SUPPLIES, TEXTS, INSTRUMENTS	16	26,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
PART I, LINE 2	THE VERBAL TERMS OF THE SCHOLARSHIP EXPECTS THAT THE STUDENTS WILL USE THE FUNDS FROM THE SCHOLARSHIP AWARDS TO FURTHER THEIR ARTS STUDIES ON OCCASION, THE HOFFMAN SCHOOL HAS HAD FOLLOW UP WITH THE SCHOLARSHIP WINNERS TO TRACK THEIR PROGRESS FURTHERMORE, RECORDS ARE MAINTAINED BY THE REGISTRAR AND BUSINESS ANALYST, WHICH ARE UPDATED DAILY BY THE REGISTRAR AND MONTHLY BY THE BUSINESS ANALYST MONTHLY REPORTS ARE GENERATED TO MONITOR CONTRIBUTIONS AND DISTRIBUTIONS TO EACH SCHOLARSHIP PROGRAM A YEAR-END REPORT IS COMPOSED TO REFLECT FISCAL YEAR ACTIVITY AND TO REVIEW REMAINING FUNDS AVAILABLE FOR THE SUBSEQUENT YEAR(S)

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTH ECKERD HALL INC

Employer identification number
59-1803628

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ZEV BUFFMAN PRESIDENT & CEO	(i)	252,472	0	0	0	7,114	259,586	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT ROSSI CHIEF PROGRAMMING OFFICER	(i)	205,775	6,500	0	0	6,252	218,527	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 6	10% OF RUTH ECKERD HALL'S NET SURPLUS WAS DISTRIBUTED IN THE FORM OF A DISCRETIONARY BONUS TO QUALIFYING EMPLOYEES

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
RUTH ECKERD HALL INC

Employer identification number
59-1803628

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total		▶ $										

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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)** Sharing of organization's revenues?	
				Yes	**No**

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-1803628
Name: RUTH ECKERD HALL INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) TIMES PUBLISHING COMPANY	JANA JONES, VICE CHAIR, ALSO SERVES AS AN OFFICER FOR THIS ENTITY	331,993	RUTH ECKERD HALL PURCHASES PRINT ADVERTISING FOR EVENTS PRESENTED BY RUTH ECKERD HALL (IN FURTHERANCE OF THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE) FROM TIMES PUBLISHING COMPANY THIS ADVERTISING APPEARS IN THE LOCAL NEWSPAPER WHICH IS PUBLISHED BY TIMES PUBLISHING COMPANY JANA JONES IS AN OFFICER OF TIMES PUBLISHING COMPANY, AND IS ALSO A VOTING BOARD MEMBER OF RUTH ECKERD HALL TERMS FOR THE ADVERTISING CONTRACTS ARE COMMENSURATE WITH ARM'S-LENGTH VALUES TYPICAL FOR SIMILAR ARRANGEMENTS IN THE INDUSTRY TIMES PUBLISHING COMPANY IS OWNED 100% BY THE POYNTER INSTITUTE, A 501 (C)(3) NONPROFIT ORGANIZATION		No
(1) BOUCHARD INSURANCE	JOHN RAYMOND BOUCHARD, A DIRECTOR, IS ALSO AN OWNER OF BOUCHARD INSURANCE	369,685	RUTH ECKERD HALL PURCHASES INSURANCE PRODUCTS FROM BOUCHARD INSURANCE JOHN RAYMOND BOUCHARD IS AN OWNER OF BOUCHARD INSURANCE AND HAS A FINANCIAL INTEREST IN THE PLACEMENT OF CERTAIN INSURANCE PRODUCTS FOR RUTH ECKERD HALL MR BOUCHARD WILL REMOVE HIMSELF FROM ALL MATTERS DEALING WITH INSURANCE AT RUTH ECKERD HALL		No
(2) DUKE ENERGY	MELISSA SEIXAS, A DIRECTOR, ALSO SERVES AS A DIRECTOR FOR DUKE ENERGY	329,495	RUTH ECKERD HALL PURCHASES ITS ELECTRIC UTILITY SERVICES FROM DUKE ENERGY DUKE ENERGY IS THE SOLE PROVIDER OF THIS UTILITY IN THE REGION AND SUPPLIES THE BASIC ELECTRIC NEEDS TO THE HALL MELISSA SEIXAS IS THE DIRECTOR OF GOVERNMENT AND COMMUNITY RELATIONS AT DUKE ENERGY CORPORATION AND IS ALSO A VOTING BOARD MEMBER OF RUTH ECKERD HALL TERMS FOR THE ELECTRIC UTILITY SERVICES ARE COMMENSURATE WITH ARM'S-LENGTH VALUES TYPICAL FOR SIMILAR ARRANGEMENTS IN THE INDUSTRY		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(4) RAYMOND JAMES & ASSOCIATES INC	BARRY ALPERT, A DIRECTOR, ALSO SERVES AS AN OFFICER FOR THIS ENTITY	42,631	RUTH ECKERD HALL HOLDS INVESTMENT ACCOUNTS WITH RAYMOND JAMES & ASSOCIATES, INC BARRY ALPERT SERVES AS MANAGING DIRECTOR AND SENIOR VICE-PRESIDENT AT RAYMOND JAMES & ASSOCIATES, INC AND IS ALSO A VOTING BOARD MEMBER OF RUTH ECKERD HALL TERMS FOR THE INVESTMENT ACCOUNTS ARE COMMENSURATE WITH ARM'S-LENGTH VALUES TYPICAL FOR SIMILAR ARRANGEMENTS IN THE INDUSTRY		No

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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.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
RUTH ECKERD HALL INC	59-1803628

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	IN A RECENT ECONOMIC AND FISCAL IMPACT ANALYSIS, RUTH ECKERD HALL'S ACTIVITIES WERE FOUND TO DELIVER AN ESTIMATED ECONOMIC IMPACT OF $86 8M IN FY15, WHICH CREATED 753 FTE JOBS AND ABOUT $3 4M IN LOCAL AND STATE GOVERNMENT REVENUE $25 6M OF THIS IMPACT COMES FROM OUT-OF -STATE VISITORS, WHICH IS NEW REVENUE FOR FLORIDA ON AVERAGE, EACH VISITOR SPENDS $180 AB OVE THE COST FOR A TICKET AUDIENCES AND ARTISTS USE OVER 43,000 HOTEL ROOMS PER YEAR RUT H ECKERD HALL HAS DEMONSTRATED EXCELLENCE IN ARTISTRY AND LEADERSHIP IN THE COMMUNITY THRO UGH A 38 YEAR HISTORY OF ACHIEVEMENTS -PRESENTED OVER 5,000 PERFORMANCES SINCE INCEPTION (WITH 485 PERFORMANCES DURING THE CURRENT FISCAL YEAR) -PRESENTED TO MORE THAN 7 3 MILLIO N PEOPLE SINCE INCEPTION (INCLUDING OVER 1 5 MILLION YOUNG PEOPLE) WITH APPROXIMATELY 318, 000 PATRONS DURING THE CURRENT FISCAL YEAR (INCLUDING 5,404 YOUNG PATRONS ATTENDING DURING SCHOOL FIELD TRIPS DURING THE CURRENT FISCAL YEAR) -HOSTED APPROXIMATELY 44 WEDDINGS AND OTHER PRIVATE BOOKINGS DURING THE CURRENT FISCAL YEAR (WITH APPROXIMATE ATTENDANCE OF 61, 000) -DESIGNATED A MAJOR FLORIDA CULTURAL INSTITUTION IN 1991 -TWICE NOMINATED ONE OF THE TOP SIX CONCERT HALLS IN THE UNITED STATES BY A NATION-WIDE INDUSTRY POLL OF TECHNICIANS, ARTISTS AND THEIR MANAGEMENT -VOTED #1 HIGHEST GROSSING THEATER IN THE WORLD BY BILLBOARD MAGAZINE (2500 SEATS OR LESS) FOR THE LAST DECADE -VOTED #8 HIGHEST GROSSING THEATRE OF THE DECADE BY BILLBOARD MAGAZINE (5200 SEATS OR LESS) -$1M KRESGE CHALLENGE GRANT CRITERI A MET WITH OVER 750 DONORS, 2002 -THE MARCIA P HOFFMAN PERFORMING ARTS INSTITUTE, OPENS, 2003 -RENOVATION/EXPANSION OF MAIN STAGE FACILITIES, 2004 -NAMED "NON-PROFIT OF THE YEAR" BY THE CLEARWATER CHAMBER OF COMMERCE IN 2014 AND BY THE TAMPA BAY BUSINESS JOURNAL, 2013 -REH BEGINS PROGRAMMING THE HISTORIC CAPITOL THEATRE IN DOWNTOWN CLEARWATER, FL IN 2009 (SEE BELOW FOR ADDITIONAL DETAILS REGARDING THE CAPITOL THEATRE -ENTERTAINMENT INDUSTRY TR ADE MAGAZINE "VENUES TODAY" RECENTLY ANNOUNCED THAT RUTH ECKERD HALL WAS RANKED #1 IN THE WORLD OF THEATRE VENUES (2,001 TO 5,000 SEATING CAPACITY) DURING THE PERIOD OF MARCH 14 TO APRIL 15, 2015 -INDUSTRY TRADE PUBLICATION "POLLSTAR" RANKED RUTH ECKERD HALL #10 IN THE WORLD OF THEATER VENUES AND #6 IN THE UNITED STATES FOR THE PERIOD FROM JANUARY 1 - MARCH 31, 2016 IN THE PREVIOUS PERIOD, FROM JANUARY 1 - DECEMBER 31, 2015, "POLLSTAR" RANKED R UTH ECKERD HALL #25 OUT OF 200 THEATRES WORLDWIDE AND #3 IN FLORIDA WITHIN THAT RANKING A LL RANKINGS ARE BASED ON CONCERT EVENT GROSSES DURING MENTIONED TIME PERIOD -TAMPA BAY BU SINESS JOURNAL HAS RANKED RUTH ECKERD HALL #37 ON THEIR NONPROFITS LIST (6/10/16), #5 ON C ULTURAL NONPROFITS LIST (12/2/16), #25 ON EVENT VENUES LIST (8/26/16), BASED ON REVENUE - MAJOR COMMISSIONS OF NATIONAL SIGNIFICANCE --35 PLAYS COMMISSIONED/PREMIERED BY ETC, PUBL ISHED SCRIPTS THE SNOW QUEEN(2000), VOTE?(2004), BATTLEDRUM(2008) --SUITE FOR RUTH, JAZZ WORK COMMISSIONED FROM DAVE KO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	Z AND DAVID BENOIT (2003) WITH CHOREOGRAPHY COMMISSIONED FROM DONALD BYRD (2008) FOR SPECT RUM DANCE THEATER --MUSIC BY ELLEN TAAFFE ZWILICH (2003) PERFORMED BY ITZHAK PERLMAN --PAI NTING TO CELEBRATE 25 YEARS BY CHRISTOPHER STILL (2009) --MEGAWATT, DANCEWORK FOR PILOBOLU S DANCE THEATER BY JONATHAN WOLKEN -SUSTAINED COMMUNITY PROGRAM PARTNERSHIPS PINELLAS YOU TH SYMPHONY, CITY OF CLEARWATER - CLEARWATER CHORUS, PINELLAS COUNTY SCHOOLS AND SCHOOL BO ARD, ST PETERSBURG COLLEGE, CLEARWATER JAZZ HOLIDAY FOUNDATION, THE AGING WELL CENTER (TH E ARC), JOHN HOPKINS ALL CHILDREN'S HOSPITAL, HOMELESS EMERGENCY PROJECT (HEP), PINELLAS O PERA LEAGUE, CLEARWATER ARTS ALLIANCE, AND ARTS FOR A COMPLETE EDUCATION (ACE) -DESIGNATE D BY NATIONAL CENTER FOR CREATIVE AGING AS 1 OF 4 ORGANIZATIONS IN US TO LEAD REGIONAL COM MUNITY INITIATIVE, 2008 -ROBERT ROSSI, EXECUTIVE VICE PRESIDENT/ENTERTAINMENT, PRESIDENT O F FLORIDA PRESENTERS CONSORTIUM FOR 6 CONSECUTIVE YEARS (2001-2007) AND NAMED PROMOTER OF THE YEAR BY THE CREATIVE LOAFING PUBLICATION IN 2004, WAS ALSO AWARDED THE 2010 INDIVIDUAL CONTRIBUTION MOMENTUM AWARD FROM THE CLEARWATER DOWNTOWN PARTNERSHIP IN 2015, HE WAS NOM INATED FOR EXECUTIVE OF THE YEAR FOR (IEBA) INTERNATIONAL ENTERTAINMENT BUYERS ASSOCIATION AWARDS -NUMEROUS REH SCHOLARSHIP WINNERS PROGRESSED INTO SUCCESSFUL PROFESSIONAL CAREERS ON BROADWAY AND NATIONAL TOURING COMPANIES, INCLUDING RENT, BROOKLYN THE MUSICAL, IN THE HEIGHTS, HAIR, RAGTIME, THE LION KING, THE COLOR PURPLE, AMERICAN BALLET THEATRE, AN INTER NATIONAL TOUR AS LEAD GUITARIST WITH THE GAVIN DEGRAW BAND, AND A RECURRING CHARACTER ON A BC TV'S "GCB" -SCHOLARSHIP WINNER KAREN OLIVO WON TONY AWARD FOR HER PERFORMANCE OF ANITA IN WEST SIDE STORY -CAPITOL THEATRE IN DOWNTOWN CLEARWATER, FL IN SEPTEMBER 2012, RUTH ECKERD HALL ENTERED INTO AN OPERATING AGREEMENT WITH THE CITY OF CLEARWATER TO MANAGE THE CAPITOL THEATRE IN DOWNTOWN CLEARWATER THE CITY FUNDED A MAJOR RENOVATION OF THE HISTORIC VENUE, AND THE THEATER OPENED ON DECEMBER 18, 2013 THE THEATER SEATS 750 PEOPLE AND INCL UDES SIX LOGE BOXES, A LARGE LOBBY, AN OUTDOOR BALCONY, A VIP ROOM, AND A ROOFTOP TERRACE THE CAPITOL THEATRE IS A VITAL PART OF THE ORGANIZATION'S OPERATIONS, WITH MORE THAN SEVE NTY PERFORMANCES BOOKED IN FISCAL YEAR 2015 THE OPERATING AGREEMENT REQUIRES RUTH ECKERD HALL TO DEPOSIT $3,000,000 OVER THE FIRST TWELVE YEARS OF OPERATIONS INTO A RESERVE FUND T O BE USED TO COVER THE COSTS OF MAINTENANCE AND CAPITAL IMPROVEMENTS AS WELL AS ANY OPERAT ING DEFICITS THAT MAY OCCUR ANY FUNDS REMAINING IN THE RESERVE FUND WHICH ARE NOT REQUIRE D TO MEET RUTH ECKERD HALL'S OBLIGATIONS UPON TERMINATION OF THE AGREEMENT SHALL BE THE PR OPERTY OF THE HALL AS OF SEPTEMBER 30, 2015 WE DEPOSITED $700,000 INTO THE RESERVE FUND -THE CAPITOL THEATRE OPERATED AND PROGRAMMED BY RUTH ECKERD HALL WON MANY AWARDS IN 2014, INCLUDING MOST IMPROVED PROPERTY AT THE 7TH ANNUAL CLEARWATER DOWNTOWN PARTNERSHIP MOMENTU M AWARDS, THE NONPROFIT IMPACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	AWARD BY TAMPA BAY BUSINESSES FOR CULTURE AND THE ARTS (TBBCA) AND THE ROY F KENZIE AWAR D IN OUTSTANDING REHABILITATION, RENOVATION AND REUSE PROJECT BY THE FLORIDA REDEVELOPMENT ASSOCIATION (FRA) -THE CAPITOL THEATRE WAS NAMED BEST NEW CONCERT SPACE BY TAMPA BAY MAG AZINE AND BEST VENUE MAKEOVER BY CREATIVE LOAFING, 2014 -THE CAPITOL THEATRE WAS RANKED # 5 IN THE WORLD (THEATRE VENUES 2,000 OR LESS SEATING CAPACITY) IN THE ENTERTAINMENT INDUST RY TRADE MAGAZINE "VENUES TODAY" DURING THE PERIOD OF MARCH 14 TO APRIL 15, 2015 AND THE # 42 CLUB VENUE IN THE WORLD BY INDUSTRY TRADE PUBLICATION "POLLSTAR" (JANUARY 1 - MARCH 21, 2016), THE ONLY FLORIDA CLUB IN THE TOP 50 IN THE JANUARY 1 - DECEMBER 31, 2015 PERIOD, "POLLSTAR" RANKED THE CAPITOL THEATRE #68 OF 200 CLUBS WORLDWIDE AND #2 IN FLORIDA WITHIN THAT RANKING ALL RANKINGS WERE BASED ON CONCERT AND EVENT GROSSES DURING THE MENTIONED TI ME PERIOD -THE TAMPA BAY BUSINESS JOURNAL RANKED THE CAPITOL THEATRE #87 ON THEIR NONPROF IT LIST (12/2/16), #20 ON THE CULTURAL NONPROFITS LIST (12/2/16), AND #48 ON EVENT VENUES LIST (8/26/16), BASED ON REVENUE -RUTH ECKERD HALL ON THE ROAD --RUTH ECKERD HALL ON THE ROAD BOOKS AND PRODUCES A NUMBER OF OFF-SITE EVENTS INCLUDING FRIENDS OF MUSIC MEMBER APP RECIATION CONCERTS, THE TAMPA BAY RAYS SUMMER CONCERT SERIES, THE CLEARWATER JAZZ HOLIDAY, THE ANNUAL CONCERT AT THE VALSPAR PGA GOLF TOURNAMENT AT INNISBROOK IN PALM HARBOR, AND B LAST FRIDAY --INDUSTRY TRADE PUBLICATION "POLLSTAR" NAMED RUTH ECKERD HALL ON THE ROAD #3 4 IN WORLD OF CONCERT PROMOTERS, WITHIN THAT RANKING #19 IN THE UNITED STATES (JANUARY 1 - MARCH 31, 2016) BASED ON CONCERT AND EVENT GROSSES IN THE JANUART 1 - DECEMBER 31, 2015 PERIOD, "POLLSTAR" RANKED RUTH ECKERD HALL ON THE ROAD #65 OUT OF 100 CONCERT PROMOTERS WO RLDWIDE --RUTH ECKERD HALL ON THE ROAD ALSO BOOKS EVENTS IN OTHER PARTNER VENUES INCLUDIN G THE PALLADIUM, TAMPA THEATRE, COACHMAN PARK, AND THE AMALIE ARENA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	-CHIEF EXECUTIVE OFFICER --ZEV BUFFMAN WAS NAMED CEO FOR RUTH ECKERD HALL IN 2012 ZEV BUFFMAN HAS PRODUCED MORE THAN 40 BROADWAY SHOWS AND 100 NATIONAL TOURS IN 2011, HE RECEIVED THE COVETED RAVEN AWARD FROM THE MYSTERY WRITERS OF AMERICA MR BUFFMAN HAS HAD 29 TONY AWARD NOMINATIONS AND WON THE NEW YORK DRAMA CRITICS' AWARD FOR 'BEST MUSICAL' HE WAS RECIPIENT OF 'MAN OF THE YEAR' IN MIAMI, OKLAHOMA CITY, NEW ORLEANS, MIAMI BEACH, ORLANDO, TAMPA, ST PETERSBURG, AND PALM BEACH HE ALSO WON 'PRODUCER OF THE YEAR' IN WASHINGTON, D C AND FLORIDA (SIX TIMES) HE WAS ACTIVELY INVOLVED IN SAVING NUMEROUS NATIONAL LANDMARK SHOWPLACES INCLUDING THE WORLD FAMOUS CHICAGO THEATRE AND THE SAENGER THEATRE IN NEW ORLEANS' FRENCH QUARTER --ZEV BUFFMAN LED THE EFFORTS TO RENOVATE THE CAPITOL THEATRE, THE "CROWN JEWEL" OF DOWNTOWN CLEARWATER IN MARCH 2015, ZEV OVERSAW THE COMPLETION OF A $1 5 MILLION RENOVATION OF THE MURRAY THEATRE, LOCATED AT RUTH ECKERD HALL, WHICH OFFERS AFFORDABLE, ACCESSIBLE, HIGH-QUALITY EXPERIENCES TO AUDIENCES OF ALL AGES INCLUDING THEATRE, PLAY, CONCERTS, ORIGINAL PRODUCTION, FOREIGN AND CLASSIC FILMS, CLASSES, AND MORE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS	THE SCHOOL IS COMPRISED OF 3 MULTI-PURPOSE CLASSROOMS, 4 MUSIC PRACTICE ROOMS, 2 DANCE STUDIOS WITH SPRUNG FLOORS, A MULTI-PURPOSE ART STUDIO, AND A 182-SEAT THEATER, AS WELL AS OFFICE SPACE FOR SCHOOL ADMINISTRATION AND FACULTY THE YEAR-ROUND PROGRAMMING ON SITE OFFERS EXPLORATORY AND PREPARATORY CLASSES IN ALL PERFORMING ARTS DISCIPLINES THE SCHOOL ALSO PROVIDES ARTS EDUCATION EXPERIENCES OFF-SITE IN THE COMMUNITY A SUMMER CAMP SERIES INCLUDES A VISUAL ARTS COMPONENT IN EACH OF ITS CLASSES ALSO ON SITE IS THE SCHOOLTIME SERIES WHICH PROVIDES HIGH QUALITY ARTS PERFORMANCES FOR SCHOOLS ALTOGETHER, PROGRAMMING THROUGH THE SCHOOL REACHED OVER 35,000+ YOUTHS AND ADULTS DURING THE 2016 FISCAL YEAR THE GRAMMY(R) MUSEUM'S ACCLAIMED "MUSIC REVOLUTION PROJECT," AN EDUCATIONAL INITIATIVE DEVELOPED IN 2012, IS IN ITS FIFTH YEAR AT THE SCHOOL THE PROJECT OFFERS TALENTED YOUTH IN THE AREA THE CHANCE TO ENGAGE IN MUSICAL WORKSHOPS, SONGWRITING COURSES, MENTORING SESSIONS, THE OPPORTUNITY TO RECORD THE MATERIAL WRITTEN, AND THE OPPORTUNITY TO PERFORM BEFORE A LIVE AUDIENCE OVER 20 STUDENTS ANNUALLY RECEIVE FULLY FUNDED SCHOLARSHIPS TO ATTEND THE FOUR-WEEK PROGRAM WHERE THEY PARTICIPATE IN AN INTENSIVE CURRICULUM INCLUDING INSTRUCTION, REHEARSALS, AND MENTORING WITH GRAMMY(R) AWARD-WINNING ARTISTS, DIRECTORS, AND COMPOSERS THE PROGRAM PROVIDES STUDENTS WITH ACCESS TO PROFESSIONAL SPACES AS WELL AS A PRIVATE RECORDING STUDIO ON-SITE THE WORKSHOPS CONCLUDE WITH A PERFORMANCE ON THE RUTH ECKERD HALL MAIN STAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A FULL VERSION OF FORM 990 AS FILED WITH THE IRS IS MADE AVAILABLE TO EACH VOTING MEMBER OF THE GOVERNING BODY AND/OR DESIGNATED COMMITTEES RESPONSIBLE FOR PERFORMING A REVIEW PROCESS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WRITTEN STATEMENTS UNDER POLICY ARE REQUIRED ANNUALLY OF EACH OFFICER & DIRECTOR POTENTIAL CONFLICTS ARE DETERMINED BY THE CHAIRMAN AND VICE CHAIRMAN THE PERSONS HAVING A CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS/DECISIONS IN THE TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO AND CHIEF PROGRAMMING OFFICER/EXECUTIVE VP OF ENTERTAINMENT'S COMPENSATIONS ARE RECOMMENDED BY THE COMPENSATION & BENEFITS COMMITTEE AND THEN FORMALLY APPROVED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE BY CALLING 727-791-7060, OR BY EMAILING THE REQUEST TO MAILDELIVERY@RUTHECKERDHALL NET PLEASE REFERENCE THE FINANCE DEPARTMENT IN ANY REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	EQUIPMENT/PRODUCTION PROGRAM SERVICE EXPENSES 517,558 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 37,109 TOTAL EXPENSES 554,667 CONSULTANT FEES PROGRAM SERVICE EXPENSES 17,572 MANAGEMENT AND GENERAL EXPENSES 20,325 FUNDRAISING EXPENSES 30,367 TOTAL EXPENSES 68,264 ARTIST FEES & TEACHERS PROGRAM SERVICE EXPENSES 9,171,782 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 401,500 TOTAL EXPENSES 9,573,282 PAYROLL/COBRA PROCESSING PROGRAM SERVICE EXPENSES 11,158 MANAGEMENT AND GENERAL EXPENSES 13,637 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 24,795 SECURITY/POLICE PROGRAM SERVICE EXPENSES 202,150 MANAGEMENT AND GENERAL EXPENSES 446 FUNDRAISING EXPENSES 5,858 TOTAL EXPENSES 208,454 STAGEHANDS PROGRAM SERVICE EXPENSES 865,729 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 12,808 TOTAL EXPENSES 878,537 CO PRO EXPENSE PROGRAM SERVICE EXPENSES 529,113 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 529,113

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 31,151

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 2C	THE AUDIT COMMITTEE REVIEWS AND APPROVES THE AUDITED FINANCIAL STATEMENTS AND THE BOARD OF DIRECTORS REVIEWS AND RATIFIES THEM THIS PROCESS, ALONG WITH SELECTION OF THE INDEPENDENT ACCOUNTANT, HAS NOT CHANGED FROM PRIOR YEARS