

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

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5401 BAY SHORE ROAD City or town, state or country, and ZIP + 4 SARASOTA, FL 34243	D Employer identification number 59-6214423
		E Telephone number (941) 359-5700	G Gross receipts \$ 3,295,506.
		F Name and address of principal officer: MARSHALL ROUSSEAU SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.RINGLING.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: FL	

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INC. IS A DIRECT-SUPPORT ORGANIZATION AS DEFINED	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25
	5	Total number of employees (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 508
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 563,507. Current Year 738,259.
	9	Program service revenue (Part VIII, line 2g)	790,933. 824,004.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,292. -22,560.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-156,991. -122,531.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,347,741. 1,417,172.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,410.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,000. 30,000.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,515.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,045,440. 1,030,088.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,103,850. 1,060,088.
	19	Revenue less expenses. Subtract line 18 from line 12	243,891. 357,084.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 3,786,367. End of Year 4,101,361.
	21	Total liabilities (Part X, line 26)	92,837. 87,599.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,693,530. 4,013,762.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer		Date
	▶ DAVID WILLIS, CHIEF OPERATING OFFICER		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ REBECCA U. STONER	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KERKERING, BARBERIO & CO., P.A. P.O. BOX 49348 SARASOTA, FL 34230-6348	EIN ▶	Preparer's identifying number (see instructions)
		Phone no. ▶ (941) 365-4617	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO ENGAGE VISITORS WITH OUR COLLECTIONS, EXHIBITIONS, CULTURAL PROGRAMS AND THE RINGLING ESTATE.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 295,551. including grants of \$ 0.) (Revenue \$ 0.)
SPECIAL EXHIBITIONS - TOTAL NUMBER SERVED: 190,587 - THE RINGLING MUSEUM HOSTED 5 TRAVELING PLUS 5 IN-HOUSE SPECIAL EXHIBITIONS FROM JULY 2008 TO JUNE 2009. THOSE OF SPECIAL NOTE ARE: (1) TO LIVE FOREVER: EGYPTIAN TREASURES FROM THE BROOKLYN MUSEUM FEATURED OVER 100 ARTIFACTS OF ANCIENT EGYPTIAN ART. (2) FASHIONING KIMONO: ART DECO AND MODERNISM IN JAPAN FOCUSED ON KIMONO MADE IN THE EARLY TO MID-20TH CENTURY. (3) THE TRIUMPH OF MARRIAGE: PAINTED CASSONI OF THE RENAISSANCE FEATURED PANELS FROM LARGE CHESTS PAINTED WITH HISTORICAL OR ALLEGORICAL SCENES. (4) TREASURES REDISCOVERED: CHINESE STONE SCULPTURE FROM THE SACKLER COLLECTIONS AT COLUMBIA UNIVERSITY SHOWCASED 22 LITTLE-KNOWN STONE DEVOTIONAL OBJECTS AND ARCHITECTURAL FRAGMENTS IN CHINESE RELIGION. (5) PICTURING EDEN FOCUSED ON 37 CONTEMPORARY PHOTOGRAPHERS USING EDEN

4b (Code:) (Expenses \$ 273,895. including grants of \$ 0.) (Revenue \$ 0.)
COLLECTIONS AND CURATORIAL PROJECTS - TOTAL VISITORS TO THE MUSEUM: 291,237 - HIGHLIGHTS OF THE MUSEUM'S CONSERVATION AND DISPLAY OF ITS COLLECTIONS, INCLUDE THE REPLACEMENT OF THE AWNINGS ON THE CA'D'ZAN'S TERRACE (JOHN RINGLING'S WINTER HOME), BRINGING IT BACK TO ITS ORIGINAL STATE; CONTINUING RESTORATION OF THE WISCONSIN, THE RINGLING'S PRIVATE RAILROAD CAR; THE DIGITIZATION OF 12,400 CIRCUS IMAGES (POSTERS, PHOTOGRAPHS, DESIGN DRAWINGS) THAT ARE AVAILABLE ON THE RINGLING WEBSITE; THE PUBLICATION OF CIRCUS IN MINIATURE: THE HOWARD BROS. CIRCUS MODEL, A BOOK FEATURING THE CREATOR OF THE LARGEST MINIATURE CIRCUS MODEL ON PERMANENT DISPLAY IN THE TIBBALS LEARNING CENTER, WHICH IS AVAILABLE FOR PURCHASE IN THE MUSEUM STORE; AND A ROSE SHOW, MARKING THE 50TH ANNIVERSARY OF THE BRADENTON-SARASOTA ROSE

4c (Code:) (Expenses \$ 21,514. including grants of \$ 0.) (Revenue \$ 2,350.)
EDUCATION PROGRAMS - TOTAL NUMBER SERVED: 7,536 PLUS SCHOOL TOURS TO THE MUSEUM: 14,749 - LEARNING OPPORTUNITIES ARE OFFERED TO THE GENERAL PUBLIC, EDUCATORS, ADULTS, AND STUDENTS FROM ELEMENTARY TO UNIVERSITY LEVEL. THROUGHOUT THE YEAR, PROGRAMS INCLUDE LECTURES ON THE ARTS AND HISTORY OF THE CIRCUS, FAMILY EXPLORATION ACTIVITIES IN THE GALLERIES, DAY-LONG CHILDREN'S CREATIVE ACTIVITIES, LESSON PLANS FOR EDUCATORS ABOUT THE RINGLING'S COLLECTIONS, UNIVERSITY-LEVEL SEMINARS ON A SPECTRUM OF CULTURAL TOPICS, AND UNIVERSITY-LEVEL PRACTICUMS IN WHICH STUDENTS OBTAIN AN OVERVIEW OF THE BUSINESS OF MUSEUMS. IN ADDITION, THE MUSEUM HOSTS SCHOOL GROUP TOURS FROM ACROSS THE STATE OF FLORIDA. THE RINGLING'S HISTORIC ASOLO THEATER PRESENTS A DIVERSITY OF CULTURAL EXPERIENCES INCLUDING DRAMA, CONCERTS, DANCE, MOVIES, AND LECTURES BY

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 49,672. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 640,632. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

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Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 20		
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		
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 0		
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 this return. (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7a		
	7b		
	7c		
	7e		
	7f		
	7g		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12a		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CAROL TAYMAN - (941) 359-5700**
5401 BAY SHORE RD., SARASOTA, FL 34243

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARLOW W. COOK DIRECTOR	0.50	X					0.	0.	0.	
H. TALBOT D'ALEMBERTE DIRECTOR	0.50	X					0.	0.	0.	
ROBERT J. GENIESSE DIRECTOR	0.50	X					0.	0.	0.	
ANDREA GONZMART DIRECTOR	0.50	X					0.	0.	0.	
PRISCILLA M. GREENFIELD DIRECTOR	0.50	X					0.	0.	0.	
PATRICK J. HENNIGAN DIRECTOR	0.50	X					0.	0.	0.	
DOROTHY C. JENKINS DIRECTOR	0.50	X					0.	0.	0.	
CHRISTINE L. JENNINGS DIRECTOR	0.50	X					0.	0.	0.	
ROBERT M. JOHNSON DIRECTOR	0.50	X					0.	0.	0.	
CAROLYN G. JOHNSON DIRECTOR	0.50	X					0.	0.	0.	
JOHN M. MCKAY DIRECTOR	0.50	X					0.	0.	0.	
JEFFREY L. MAULTSBY DIRECTOR	0.50	X					0.	0.	0.	
SAMUEL L. PERRY DIRECTOR	0.50	X					0.	0.	0.	
ALICE W. RAU DIRECTOR	0.50	X					0.	0.	0.	
T. MARSHALL ROUSSEAU DIRECTOR	0.50	X					0.	0.	0.	
JOHN E. SANDEFUR DIRECTOR	0.50	X					0.	0.	0.	
LES R. SMOUT DIRECTOR	0.50	X					0.	0.	0.	

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

Form 990 (2008)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
HOWARD C. TIBBALS DIRECTOR	0.50	X						0.	0.	0.
PETER A. VOGT DIRECTOR	0.50	X						0.	0.	0.
HELGA M. WALL-APELT DIRECTOR	0.50	X						0.	0.	0.
CLIFFORD L. WALTERS DIRECTOR	0.50	X						0.	0.	0.
JOHN FISHER EX-OFFICIO	0.50	X						0.	0.	0.
DONNA GRASEL EX-OFFICIO	0.50	X						0.	0.	0.
PAT HILLERMAN EX-OFFICIO	0.50	X						0.	0.	0.
SARA BAGLEY SECRETARY	0.50	X						0.	0.	0.
JOHN WETENHALL EXECUTIVE DIRECTOR	40.00			X		X		0.	250,612.	47,047.
DAVID WILLIS CHIEF OPERATING OFFICER	40.00			X				0.	85,860.	21,125.
1b Total								0.	336,472.	68,172.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

Form 990 (2008)

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Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	119,135.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	619,124.				
	g	Noncash contributions included in lines 1a-1f: \$		49,690.				
	h	Total. Add lines 1a-1f		738,259.				
	Program Service Revenue	2 a	MEMBERSHIPS	Business Code				
				713990	824,004.	824,004.		
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f		824,004.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		96,327.			96,327.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		-118,887.		-118,887.
	8 a	Gross income from fundraising events (not including \$ 119,135. of contributions reported on line 1c). See Part IV, line 18	a	154,945.				
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events		-141,223.		-141,223.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS REVENUES	713990	18,692.			18,692.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		18,692.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1417172.	824,004.		0.	-145091.	

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Form 990 (2008)

**THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED**

Form 990 (2008)

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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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,000.	15,000.	15,000.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	15,059.	9,152.	4,242.	1,665.
b Legal				
c Accounting	18,800.	11,426.	5,296.	2,078.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,007.		6,007.	
g Other	162,822.	98,957.	45,867.	17,998.
12 Advertising and promotion	66,365.	40,334.	18,695.	7,336.
13 Office expenses	192,702.	120,351.	47,734.	24,617.
14 Information technology				
15 Royalties				
16 Occupancy	56,027.	34,051.	15,783.	6,193.
17 Travel	89,056.	54,125.	25,087.	9,844.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,834.	47,912.	22,208.	8,714.
23 Insurance	79,208.	48,140.	22,313.	8,755.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SERVICE FEES	198,513.	120,649.	55,921.	21,943.
b EQUIPMENT RENTAL AND MA	51,426.	31,255.	14,487.	5,684.
c MISCELLANEOUS	15,269.	9,280.	4,301.	1,688.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,060,088.	640,632.	302,941.	116,515.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

Form 990 (2008)

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Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	12,792.	1	10,289.
	2	Savings and temporary cash investments	867,459.	2	1,373,666.
	3	Pledges and grants receivable, net		3	101,000.
	4	Accounts receivable, net	43,458.	4	83,895.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	199,464.	9	180,142.
	10a	Land, buildings, and equipment: cost basis ...	1,782,126.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	1,554,232.		
			208,802.	10c	227,894.
	11	Investments - publicly traded securities	2,454,392.	11	2,124,475.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,786,367.	16	4,101,361.	
Liabilities	17	Accounts payable and accrued expenses	74,009.	17	54,499.
	18	Grants payable		18	
	19	Deferred revenue		19	16,600.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	18,828.	25	16,500.
	26	Total liabilities. Add lines 17 through 25	92,837.	26	87,599.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,494,070.	27	1,521,894.
	28	Temporarily restricted net assets	427,046.	28	719,454.
	29	Permanently restricted net assets	1,772,414.	29	1,772,414.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	3,693,530.	33	4,013,762.	
34	Total liabilities and net assets/fund balances	3,786,367.	34	4,101,361.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED** Employer identification number **59-6214423**

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: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 33 1/3% 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 33 1/3% 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	X	
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
 - h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
THE FLORIDA STATE UNIVER	59-19612482		X		X		X		1350249.
Total									1,350,249.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 - 3						
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)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. 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			<input type="checkbox"/>
b 33 1/3% support test - 2007. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED
Employer identification number 59-6214423

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 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 relating to these items:
- a Revenues included in 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 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	1925160.				
b Contributions	0.				
c Investment earnings or losses	-51,579.				
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	82,953.				
f Administrative expenses	0.				
g End of year balance	1790628.				

- 2** Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 1.00 %
 - b Permanent endowment 99.00 %
 - c Term endowment .00 %

- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		995,383.	870,370.	125,013.
c Leasehold improvements				
d Equipment		786,743.	683,862.	102,881.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				227,894.

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,417,172.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,060,088.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	357,084.
4	Net unrealized gains (losses) on investments	4	-36,851.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1.
9	Total adjustments (net). Add lines 4-8	9	-36,852.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	320,232.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,670,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-36,853.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-36,853.
3	Subtract line 2e from line 1	3	1,707,333.
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 XIV)	4b	-290,161.
c	Add lines 4a and 4b	4c	-290,161.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,417,172.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,350,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	296,168.
e	Add lines 2a through 2d	2e	296,168.
3	Subtract line 2e from line 1	3	1,054,081.
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	6,007.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	6,007.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,060,088.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART III, LINE 4: SCH D-THE MUSEUM'S COLLECTIONS INCLUDE PAINTINGS, ANTIQUITIES, SCULPTURES, PHOTOGRAPHS, DECORATIVE ARTS AND FURNITURE, PRINTS, DRAWINGS, ASIAN ART, CIRCUS MEMORABILIA AND POSTERS, HISTORIC BUILDINGS, A HISTORIC THEATER, TROPICAL SCULPTURE GARDENS, HISTORICAL RECORDS, AND AN ART RESEARCH LIBRARY. THESE COLLECTIONS ARE FOR PUBLIC VIEWING, SCHOLARLY RESEARCH, INCLUSION IN PUBLIC/PRIVATE SCHOOL CURRICULUMS, HISTORICAL DOCUMENTATION, AND PRESERVED FOR THE PUBLIC TRUST.

Part XIV Supplemental Information (continued)

PART V, LINE 4: SCH D-EARNINGS ON INVESTED PRINCIPAL ARE USED
ACCORDING TO THE DONOR'S RESTRICTIONS: 74% OF THE EARNINGS ARE USED FOR
EDUCATION AND FINE ARTS PROGRAMS, 19% FOR STAFF SALARIES, AND 7% FOR
GENERAL PROGRAMS AND PUBLICATIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

SCH D-ROUNDING: -1.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCH D-INVESTMENT ADMINISTRATIVE FEES: 6007.

SCH D-SPECIAL EVENTS EXPENSE INCLUDED ON LINE 9B: -296168.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SCH D-SPECIAL EVENT EXPENSES INCLUDED ON LINE 9B: 296168.

**THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED**

Schedule G (Form 990 or 990-EZ) 2008

59-6214423 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))		
		UNGALA GALA (event type)	THURSDAY CONCERTS (event type)	3 (total number)			
Revenue	1	Gross receipts	208,555.	31,380.	34,145.	274,080.	
	2	Less: Charitable contributions	69,445.			69,445.	
	3	Gross revenue (line 1 minus line 2)	139,110.	31,380.	34,145.	204,635.	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Other direct expenses	244,877.	29,384.	21,907.	296,168.	
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶					(296,168.)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶					-91,533.

Part III Gaming. Complete if the organization answered "Yes" to 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))		
		1	Gross revenue				
Direct Expenses	2	Cash prizes					
	3	Non-cash prizes					
	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

Schedule G (Form 990 or 990-EZ) 2008

**THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED**

13 Indicate the percentage of gaming activity operated in:

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

14 Provide 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?

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:

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?

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 ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED**

Employer identification number
59-6214423

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in 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?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

59-6214423

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN WETENHALL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	250,612.	0.	0.	0.	0.	250,612.	15,000.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED** Employer identification number **59-6214423**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,007	34,740	COST OR SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>DECORATIVE CA</u>)	X	1,000	14,950	COST OR SELLING PRICE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED	Employer identification number 59-6214423
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN FLORIDA STATUTE 1004.45 FOR THE BENEFIT OF THE JOHN & MABLE RINGLING MUSEUM OF ART. THE MUSEUM, AS THE STATE ART MUSEUM OF FLORIDA, IS OPERATED BY FLORIDA STATE UNIVERSITY'S COLLEGE OF VISUAL ARTS, THEATRE & DANCE. THE FOUNDATION PROVIDES FINANCIAL AND ADMINISTRATIVE SUPPORT TO THE MUSEUM IN ORDER TO ENHANCE AND ENRICH THE EXPERIENCE OF ITS GUESTS (291,237 VISITED THE MUSEUM THIS PAST YEAR). EXAMPLES OF THE SUPPORT FROM THE FOUNDATION INCLUDE: FIVE TRAVELING EXHIBITIONS SEEN BY 191,000 GUESTS, CURATORIAL PROJECTS, AND EDUCATION PROJECTS THAT SERVED 7,536 STUDENTS AND ADULTS. THE MUSEUM IS THE LARGEST MUSEUM/UNIVERSITY COMPLEX IN THE UNITED STATES AND HELPS TO CONTINUE THE LEGACY OF JOHN RINGLING. RINGLING (1866-1936) WAS ONE OF THE GREAT BUSINESS ENTREPRENEURS OF HIS DAY, INVESTING NOT ONLY IN THE CIRCUS, BUT ALSO REAL ESTATE, TRANSPORTATION AND PETROLEUM HOLDINGS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS AND PARADISE AS THEMES. ALSO FEATURED, WERE SMALLER EXHIBITIONS INCLUDING YOU BE THE JUDGE AND DANGEROUS WOMEN, ALLOWING THE MUSEUM TO SHOW KEY WORKS FROM ITS PERMANENT COLLECTION THAT ARE NOT USUALLY ON PUBLIC DISPLAY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS SOCIETY, FEATURING ROSES FROM MABLE'S ROSE GARDEN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS MUSICIANS AND AUTHORS. MANY OF THESE ARE PRODUCED IN PARTNERSHIP WITH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED	Employer identification number	59-6214423
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OTHER NON-PROFIT ORGANIZATIONS. SUCH SUCCESSFUL PROGRAMS INCLUDE:
 CIRCUS INCOGNITUS, PRODUCED IN PARTNERSHIP WITH CIRCUS SARASOTA DURING
 THE SUMMER, AND MONDAY NIGHT MOVIES, PRODUCED IN PARTNERSHIP WITH THE
 SARASOTA FILM FESTIVAL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 HISTORIC ASOLO, LIBRARY, ARCHIVE AND DEPRECIATION EXPENSES
 EXPENSES \$ 49672. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: MUSEUM MEMBERS DO NOT HAVE THE
 RIGHT TO SELECT BOARD MEMBERS, EMPLOYEES, OR SET MUSEUM POLICY.

FORM 990, PART VI, SECTION A, LINE 7A: THE FLORIDA STATE UNIVERSITY
 APPROVES THE BOARD MEMBERSHIP OF THE JOHN AND MABLE RINGLING MUSEUM OF ART
 FOUNDATION. THE FOUNDATION CONSISTS OF NO MORE THAN 31 MEMBERS APPOINTED BY
 THE PRESIDENT OF THE UNIVERSITY FROM A LIST OF NOMINEES PROVIDED BY THE
 RINGLING FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE JOHN AND MABLE RINGLING
 FOUNDATION DEVELOPS THE POLICY FOR THE MUSEUM, SUBJECT TO THE PROVISIONS OF
 THE JOHN RINGLING WILL AND THE OVERALL DIRECTION OF THE PRESIDENT OF THE
 FLORIDA STATE UNIVERSITY; THE FOUNDATION IS INVESTED WITH POWER AND
 AUTHORITY TO NOMINATE A MUSEUM DIRECTOR WHO IS APPOINTED BY AND SERVES AT
 THE PLEASURE OF THE PRESIDENT OF THE UNIVERSITY AND SHALL REPORT TO THE
 PROVOST OF THE UNIVERSITY OR HIS OR HER DESIGNEE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED	Employer identification number	59-6214423
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FORM 990, PART VI, SECTION A, LINE 10: THE FORM IS FORMALLY REVIEWED BY THE AUDIT COMMITTEE PRIOR TO PRESENTATION TO THE FULL BOARD. BOARD MEMBERS ARE INVITED TO QUESTION OR COMMENT AT THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS GIVEN TO EVERY BOARD MEMBER ANNUALLY AND THE BOARD MEMBER IS REQUIRED TO SIGN IT ATTESTING HE/SHE HAS READ AND UNDERSTANDS THE PROVISIONS. PERSONS COVERED ARE BOARD MEMBERS, BOARD MEMBER'S BUSINESS ASSOCIATIONS, AND BOARD MEMBER'S FAMILY. BUSINESS ASSOCIATIONS MEANS AN ORGANIZATION, CORPORATION, PARTNERSHIP, JOINT VENTURE, PROPRIETORSHIP OR OTHER ENTITY OR ASSOCIATES WITH RESPECT TO EITHER THE BOARD MEMBER OR BOARD MEMBER'S FAMILY. FAMILY MEMBERS INCLUDE SPOUSE, PARENTS, SIBLINGS, AUNTS/UNCLES, CHILDREN, DOMESTIC PARTNER, AND ANY PERSON RESIDING IN THE BOARD MEMBER'S HOUSEHOLD.

FORM 990, PART VI, SECTION B, LINE 15: FOR THE EXECUTIVE DIRECTOR HIRED IN MAY 2001, A SEARCH FIRM WAS HIRED, FLORIDA STATE UNIVERSITY (FSU) CONSULTED WITH THE BOARD, AND AN AMERICAN ASSOCIATION OF MUSEUMS (AAMD) SALARY SURVEY WAS USED, BUT SALARY WAS LIMITED BY AVAILABLE FUNDING. FOR THE CHIEF OPERATING OFFICER HIRED IN JANUARY 2006, FSU CONDUCTED THE SEARCH UTILIZING A SEARCH COMMITTEE AND BOARD MEMBERS AND RINGLING STAFF WERE CONSULTED. THE AAMD SALARY SURVEY WAS ALSO USED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

Employer identification number

59-6214423

FORM 990, PART XI, LINE 2C

COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

NO CHANGE FROM PRIOR YEAR.

FORM 990, PART I, LINE 6

VOLUNTEERS

DOCENT TOUR GUIDES, TRAM DRIVERS, GREETERS, LIBRARY ASSISTANTS,

ARCHIVES ASSISTANTS, OFFICE ASSISTANTS, RECEPTIONISTS, MEMBERSHIP

SOLICITATION, THEATER USHERS

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization THE JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION, INCORPORATED
Employer identification number 59-6214423

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
FLORIDA STATE UNIVERSITY - 59-1961248 A2200 UNIVERSITY CENTER TALLAHASSEE, FL 32306	EDUCATION	FLORIDA	115		N/A

THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**THE JOHN & MABLE RINGLING MUSEUM OF ART
FOUNDATION, INCORPORATED**

Employer identification number

59-6214423

Name and title of officer

**DAVID WILLIS
CHIEF OPERATING OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>1417172</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KERKERING, BARBERIO & CO., P.A. to enter my PIN 14001
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 01400119908
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**