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Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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



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

A For the 2010 calendar year, or tax year beginning 2010, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

D Employer Identification Number: 81-6003526
E Telephone number: (406) 727-8787
G Gross receipts \$: 2,870,396.

F Name and address of principal officer: **DARRELL BEAUCHAMP**
SAME AS C ABOVE

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

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

J Website: ▶ WWW.CMRUSSELL.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of Formation: 1951 **M** State of legal domicile: MT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO COLLECT, PRESERVE, RESEARCH, INTERPRET & EDUCATE ON THE ART & LIFE OF CHARLES M. RUSSELL; THE ART & LIFE OF HIS CONTEMPORARIES; & THE ART OF PRECEDING & ENSUING GENERATIONS THAT DEPICTS & FOCUSES ON THE CULTURE, LIFE AND COUNTRY OF RUSSELL'S WEST.</u>	
	2	Check this box <input type="checkbox"/> 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)	54
	4	Number of independent voting members of the governing body (Part VI, line 1b)	54
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	53
	6	Total number of volunteers (estimate if necessary)	334
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	4,000.
7b	Net unrelated business taxable income from Form 990-T, line 34	577.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 938,649. Current Year: 833,224.
	9	Program service revenue (Part VIII, line 2g)	208,305. 729,560.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,547. 115,744.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	219,563. 49,204.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,419,064. 1,727,732.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	924,429. 991,106.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶	118,246.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,253,111. 1,244,604.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,177,540. 2,235,710.	
19	Revenue less expenses Subtract line 18 from line 12	-758,476. -507,978.	
Net Assets or Fund Balance	20	Total assets (Part X, line 16)	Beginning of Current Year: 7,812,026. End of Year: 9,910,846.
	21	Total liabilities (Part X, line 26)	212,986. 212,634.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,599,040. 9,698,212.

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: Darrell G. Beauchamp Date: 9/19/11
 Type or print name and title: **DARRELL BEAUCHAMP** EXECUTIVE DIREC

Paid Preparer Use Only

Print/Type preparer's name: RR Preparer's signature: [Signature] Date: 9/15/11
 Check if self employed PTIN: P00185761
 Firm's name: ▶ **ANDERSON ZURMUEHLEN** Firm's EIN: ▶ 81-0385940
 Firm's address: ▶ **21 10TH STREET SOUTH** Phone no: 406-727-0888
GREAT FALLS, MT 59401

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

SCANNED OCT 06 2011

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O

X 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?

No Yes X

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.

4a (Code:) (Expenses \$ 623,319. including grants of \$) (Revenue \$ 715,383.)

COLLECTIONS AND EXHIBITIONS:

IN 2010, 31,577 PEOPLE VISITED THE C.M. RUSSELL MUSEUM. THE RUSSELL WORKS CONTINUE TO BE DISPLAYED IN CHRONOLOGICAL ORDER. THE MUSEUM DISPLAYED ART FOR "THE RUSSELL" IN MARCH, AS WELL AS ART FOR THE FUND-RAISER "MASTERS IN MINIATURE" IN THE FALL. OTHER EXHIBITIONS INCLUDED "THE MAYNARD DIXON EXHIBITION", "BARBARA VAN CLEVE", "HARD TWIST: WESTERN RANCH WOMEN", "MONTANA PAINTERS ALLIANCE", "RUSSELL'S HAUNTS", "WINOLD REISS", AND "WILL JAMES". THE MUSEUM CONTINUED THE EXTENSIVE PERMANENT EXHIBITION CALLED "THE BISON: AMERICAN ICON, HEART OF PLAINS INDIAN CULTURE" WHICH OPENED IN DECEMBER 2008.

4b (Code:) (Expenses \$ 596,107. including grants of \$) (Revenue \$)

MUSEUM SERVICE:

THE PURPOSE OF THE TRIGG-RUSSELL FOUNDATION, INC. IS TO OPERATE AND MAINTAIN THE C.M. RUSSELL MUSEUM. THE MUSEUM REQUIRES SECURITY ON-SITE DURING ALL OPEN HOURS. MUSEUM STAFF MAINTAINS THE GROUNDS, BUILDING, EQUIPMENT, AS WELL AS ENSURES THE SAFETY OF THE MUSEUM COLLECTION AND THE VISITORS. MUSEUM SERVICES INCLUDE ADMISSIONS, THE ADMINISTRATIVE STAFF, MEMBERSHIP AND DEVELOPMENT, EVENT COORDINATION, AND THE MUSEUM STORE. THE MUSEUM HAD 983 MEMBERS IN 2010.

4c (Code:) (Expenses \$ 117,370. including grants of \$) (Revenue \$)

PUBLIC RELATIONS:

THE MUSEUM CONTINUED PUBLIC RELATIONS EFFORTS IN ORDER TO SUSTAIN VISITATION, MEMBERSHIP, VOLUNTEERS, AND FUND-RAISING EFFORTS. PUBLIC RELATIONS ALSO INCLUDE OFFERING FREE PROGRAMS TO RESIDENTS AS A WAY OF INVITING THEM TO SEE WHAT THE MUSEUM CAN OFFER AND THE DEPTH AND RANGE OF THE INSTITUTION'S ROLE IN THE COMMUNITY. SUCH EXAMPLES INCLUDE THE CHAUTAUQUA, SADDLES AND SPURS, AND THE HOLIDAY OPEN HOUSE. THE MUSEUM ALSO PROVIDES SOME EVENING EXHIBIT OPENINGS TO THE COMMUNITY FREE OF CHARGE AS A WAY TO ENCOURAGE MUSEUM PARTICIPATION.

4d Other program services. (Describe in Schedule O) SEE SCHEDULE O

(Expenses \$ 62,879. including grants of \$) (Revenue \$ 23,196.)

4e Total program service expenses 1,399,675.

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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	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? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
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	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If 'Yes,' complete Schedule F, Parts I and IV		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? If 'Yes,' complete Schedule F, Parts II and IV		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? If 'Yes,' complete Schedule F, Parts III and IV		X
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)		X
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	X	
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		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
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)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c 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? <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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V. Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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		
2 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)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
4 a	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
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 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		
13 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		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year		
1 b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? SEE SCH O	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ..		X
7 b 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:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
b 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?..		
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? ..	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	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?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
b Other officers of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16 a 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
b 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 ▶ NONE
- 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 SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ NANCY ZADICK 400 13TH STREET NORTH GREAT FALLS MT 59401 406-727-8787

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOE MASTERSON 1ST VICE PRES	1	X		X			0.	0.	0.	
(2) JACK AMUNDSON DIRECTOR	1	X					0.	0.	0.	
(3) HENRY BEDFORD DIRECTOR	1	X					0.	0.	0.	
(4) CHRISTINA BLACKWELL SECRETARY	1	X		X			0.	0.	0.	
(5) NORMAN BOOK DIRECTOR	1	X					0.	0.	0.	
(6) BRUCE CHRISTENSEN DIRECTOR	1	X					0.	0.	0.	
(7) KELLY CLAY DIRECTOR	1	X					0.	0.	0.	
(8) LEE COFFEY DIRECTOR	1	X					0.	0.	0.	
(9) WILLIAM COWAN DIRECTOR	1	X					0.	0.	0.	
(10) J. MICHAEL DADY DIRECTOR	1	X					0.	0.	0.	
(11) IAN DAVIDSON DIRECTOR	1	X					0.	0.	0.	
(12) TOM DECKER DIRECTOR	1	X					0.	0.	0.	
(13) PHILIP DRESCHER DIRECTOR	1	X					0.	0.	0.	
(14) JAMES FISH DIRECTOR	1	X					0.	0.	0.	
(15) RANDY FOUTCH DIRECTOR	1	X					0.	0.	0.	
(16) CHANNING HARTELIUS DIRECTOR	1	X					0.	0.	0.	
(17) WILLIAM HEALEY DIRECTOR	1	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) JANE HIBBARD DIRECTOR	1	X					0.	0.	0.	
(19) LISA HUESTIS DIRECTOR	1	X					0.	0.	0.	
(20) CHARLES M. HUNTER DIRECTOR	1	X					0.	0.	0.	
(21) MICHAEL INGRAM DIRECTOR	1	X					0.	0.	0.	
(22) CARRIE JENSEN DIRECTOR	1	X					0.	0.	0.	
(23) ROBERT LEE DIRECTOR	1	X					0.	0.	0.	
(24) DEBRA LEWIS DIRECTOR	1	X					0.	0.	0.	
(25) KATIE MEREDITH DIRECTOR	1	X					0.	0.	0.	
(26) BARBARA MOE DIRECTOR	1	X					0.	0.	0.	
(27) VAN KIRKE NELSON DIRECTOR	1	X					0.	0.	0.	
(28) TOM NYGARD DIRECTOR	1	X					0.	0.	0.	
(29) BRIAN OBIE DIRECTOR	1	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							194,373.	0.	11,756.	
d Total (add lines 1b and 1c)							194,373.	0.	11,756.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	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 or individual 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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Department of the Treasury
Internal Revenue Service

2010

Name of the Organization: **TRIGG - C.M. RUSSELL FOUNDATION, INC** Employer Identification number: **81-6003526**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
JOHN O'DONNELL DIRECTOR	1	X					0.	0.	0.	
TOM PETRIE DIRECTOR	1	X					0.	0.	0.	
STEVEN T. POTTS DIRECTOR	1	X					0.	0.	0.	
BYRON PRICE DIRECTOR	1	X					0.	0.	0.	
WERNER QUASEBARTH DIRECTOR	1	X					0.	0.	0.	
ROBERT RASMUSSEN DIRECTOR	1	X					0.	0.	0.	
GINGER RENNER DIRECTOR	1	X					0.	0.	0.	
MELANIE ROBINSON DIRECTOR	1	X					0.	0.	0.	
WILL ROEHM DIRECTOR	1	X					0.	0.	0.	
JOHN ROGERS DIRECTOR	1	X					0.	0.	0.	
ROBERT SKINNER DIRECTOR	1	X					0.	0.	0.	
DAVID SOLBERG DIRECTOR	1	X					0.	0.	0.	
PATRICIA STEELE DIRECTOR	1	X					0.	0.	0.	
SARAH STEVENSON DIRECTOR	1	X					0.	0.	0.	
JIM STRAUSS DIRECTOR	1	X					0.	0.	0.	
CRAIG TEDMON DIRECTOR	1	X					0.	0.	0.	
WAYNE THARES PRESIDENT	1	X			X		0.	0.	0.	
ANNIE THOM DIRECTOR	1	X					0.	0.	0.	
CAROL THOMAS DIRECTOR	1	X					0.	0.	0.	
JESSIE VAN NESS DIRECTOR	1	X					0.	0.	0.	
JIM WALLACE DIRECTOR	1	X					0.	0.	0.	

Part VIII. Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b	210,559.				
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	57,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	565,165.				
	g Noncash contributions included in lns 1a-1f		\$ 14,999.				
	h Total. Add lines 1a-1f			833,224.			
PROGRAM SERVICE REVENUE			Business Code				
	2 a THE RUSSELL		900099	602,810.	602,810.		
	b ADMISSIONS AND TOURS		900099	121,656.	121,656.		
	c EXHIBITIONS-OTHER MUSEUMS		900099	5,094.	5,094.		
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f			729,560.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			112,578.		112,578.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			5,284.		5,284.	
	6 a Gross Rents	(i) Real	(ii) Personal				
		44,131.					
		b Less: rental expenses					
		19,844.					
	c Rental income or (loss)						
	24,287.						
	d Net rental income or (loss)			24,287.		24,287.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		639,489.					
		b Less: cost or other basis and sales expenses					
		636,323.					
	c Gain or (loss)						
3,166.							
d Net gain or (loss)			3,166.		3,166.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	106,786.						
	b Less: direct expenses	b					
103,496.							
c Net income or (loss) from fundraising events			3,290.		3,290.		
9 a Gross income from gaming activities See Part IV, line 19	a						
	2,858.						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities			2,858.		2,858.		
10 a Gross sales of inventory, less returns and allowances	a						
	378,269.						
	b Less: cost of goods sold.	b					
383,001.							
c Net income or (loss) from sales of inventory			-4,732.	-4,732.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	13,751.	13,751.			
b ADVERTISING		511190	4,000.		4,000.		
c VALUE CHANGE SPLIT-INT		900099	466.		466.		
d All other revenue							
e Total. Add lines 11a-11d			18,217.				
12 Total revenue. See instructions			1,727,732.	738,579.	4,000.	151,929.	

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)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	194,373.	0.	136,819.	57,554.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	651,519.	504,758.	129,121.	17,640.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,139.	7,143.	6,284.	712.
9 Other employee benefits	31,520.	18,225.	11,346.	1,949.
10 Payroll taxes	99,555.	68,499.	24,550.	6,506.
11 Fees for services (non-employees):				
a Management				
b Legal	44,027.	7,575.	36,452.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,247.	313.	21,934.	
g Other	1,321.		1,321.	
12 Advertising and promotion	246,573.	243,711.	608.	2,254.
13 Office expenses	13,661.	7,057.	6,604.	
14 Information technology				
15 Royalties				
16 Occupancy	100,950.	94,181.	6,769.	
17 Travel	30,062.	21,740.	6,278.	2,044.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105.		105.	
20 Interest	16,756.		16,756.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	256,808.		256,808.	
23 Insurance	47,203.	47,203.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>PRINTING AND PUBLICATIONS</u>	91,646.	72,490.	2,168.	16,988.
b <u>MAINTENANCE</u>	62,337.	62,337.		
c <u>MEALS & ENTERTAINMENT</u>	44,830.	39,673.	301.	4,856.
d <u>COMPUTER EXPENSE</u>	39,348.	27,991.	10,781.	576.
e <u>POSTAGE AND SHIPPING</u>	36,337.	24,068.	10,021.	2,248.
f All other expenses	190,393.	152,711.	32,763.	4,919.
25 Total functional expenses. Add lines 1 through 24f	2,235,710.	1,399,675.	717,789.	118,246.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash – non-interest-bearing	1,700.	1	1,700.
	2	Savings and temporary cash investments	576,391.	2	499,020.
	3	Pledges and grants receivable, net	213,072.	3	167,596.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	362,579.	8	205,505.
	9	Prepaid expenses and deferred charges	50,547.	9	104,985.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,308,082.		
	10b	Less: accumulated depreciation	3,608,938.	10c	4,699,144.
	11	Investments – publicly traded securities	1,632,356.	11	4,179,318.
	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	52,247.	15	53,578.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,812,026.	16	9,910,846.	
LIABILITIES	17	Accounts payable and accrued expenses	156,706.	17	132,854.
	18	Grants payable		18	
	19	Deferred revenue	41,280.	19	79,780.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial 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	15,000.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	212,986.	26	212,634.
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	7,138,408.	27	7,615,555.
	28	Temporarily restricted net assets	415,017.	28	859,221.
	29	Permanently restricted net assets	45,615.	29	1,223,436.
	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	7,599,040.	33	9,698,212.
34	Total liabilities and net assets/fund balances	7,812,026.	34	9,910,846.	

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Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,727,732.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,235,710.
3	Revenue less expenses Subtract line 2 from line 1	3	-507,978.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,599,040.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	2,607,150.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,698,212.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.



Department of the Treasury
Internal Revenue Service

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

Name of the organization TRIGG - C.M. RUSSELL FOUNDATION, INC	Employer identification number 81-6003526
---	---

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.)
- 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 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 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 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 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h 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 or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part III 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it 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						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the 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 – 2009. 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 – 2010. 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 – 2009. 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 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	1,926,707.	1,587,425.	2,562,314.	938,649.	833,224.	7,848,319.
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	598,222.	650,233.	553,286.	603,276.	499,925.	2,904,942.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	2,524,929.	2,237,658.	3,115,600.	1,541,925.	1,333,149.	10,753,261.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						10,753,261.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	2,524,929.	2,237,658.	3,115,600.	1,541,925.	1,333,149.	10,753,261.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,645.	104,408.	81,045.	62,528.	162,459.	490,085.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	79,645.	104,408.	81,045.	62,528.	162,459.	490,085.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total support. (Add lines 9, 10c, 11, and 12)	2,604,574.	2,342,066.	3,196,645.	1,604,453.	1,495,608.	11,243,346.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	95.6 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	96.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	4.4 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	3.4 %

19a 33-1/3% support tests - 2010. 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 - 2009. 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

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

TRIGG - C.M. RUSSELL FOUNDATION, INC

81-6003526

Part II 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? 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 III 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 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 Tax Year
a Total number of conservation easements	2a 2
b Total acreage restricted by conservation easements	2b 2
c Number of conservation easements on a certified historic structure included in (a)	2c 2
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 ▶ 1

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, and enforcing conservation easements during the year ▶ 2

7 Amount of expenses incurred in monitoring, inspecting, 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 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 **SEE PART XIV**

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.

1 a 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 XIV, the text of the footnote to its financial statements that describes these items **SEE PART XIV**

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) 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 (ASC 958) 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 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 XIV SEE 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 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 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	3,263,974.	3,152,090.	3,410,042.		
b Contributions	10,762.	177,728.	705,217.		
c Net investment earnings, gains, and losses	86,272.	517,957.	-642,020.		
d Grants or scholarships					
e Other expenditures for facilities and programs	29,169.	567,493.	292,859.		
f Administrative expenses	7,782.	16,308.	28,290.		
g End of year balance	3,324,057.	3,263,974.	3,152,090.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 57.56 %
- b Permanent endowment ▶ 35.40 %
- c Term endowment ▶ 7.04 %

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

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

- (i) unrelated organizations
- (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land		320,929.		320,929.
b Buildings		6,815,502.	2,795,742.	4,019,760.
c Leasehold improvements				
d Equipment				
e Other		1,171,651.	813,196.	358,455.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,699,144.

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(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		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,727,732.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,235,710.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-507,978.
4	Net unrealized gains (losses) on investments		352,207.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		-7,478.
8	Other (Describe in Part XIV) SEE PART XIV		2,262,421.
9	Total adjustments (net). Add lines 4 through 8		2,607,150.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		2,099,172.

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	3,466,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	352,207.
b	Donated services and use of facilities	2b	35,319.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	1,351,448.
e	Add lines 2a through 2d	2e	1,738,974.
3	Subtract line 2e from line 1	3	1,727,732.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,727,732.

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

1	Total expenses and losses per audited financial statements	1	3,622,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	35,319.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	1,351,448.
e	Add lines 2a through 2d	2e	1,386,767.
3	Subtract line 2e from line 1	3	2,235,688.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	22.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	22.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,235,710.

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE CONSERVATION EASEMENTS PROTECT CHARLES M. RUSSELL'S HOME BUILT IN 1900 AND LOG STUDIO BUILT IN 1903. THESE BUILDINGS ARE LOCATED NEXT TO THE MUSEUM ITSELF, AND ARE OPEN FOR TOURS DURING MUSEUM HOURS.

THE CONSERVATION EASEMENTS ARE PART OF THE FOUNDATION'S PERMANENT ART COLLECTION, WHICH IS NOT REPORTED IN ITS REVENUE STATEMENT OR BALANCE SHEET PURSUANT TO SFAS 116.

Part IV Supplemental Information (continued)**PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.**

NOTE 11 TO THE FINANCIAL STATEMENTS: PERMANENT ART COLLECTION:

THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ART OBJECTS, PERSONAL BELONGINGS, AND HISTORICAL ARTIFACTS OF CHARLES M. RUSSELL AND OTHERS WHICH ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. EACH OF THE ITEMS IS PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED. ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PROCEEDS FROM SALES OF DE-ACCESSIONED COLLECTION ITEMS ARE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION. THE FOUNDATION HAS AN ADOPTED COLLECTIONS MANAGEMENT POLICY IN PLACE.

IN KEEPING WITH STANDARD MUSEUM PRACTICE, THE COLLECTIONS, WHICH WERE ACQUIRED VIA PURCHASES AND CONTRIBUTIONS, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF ARTWORK ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS OR TEMPORARILY RESTRICTED NET ASSETS IN THE YEAR OF PURCHASE, DEPENDING ON THE SOURCES OF FUNDS USED.

THE COLLECTION ITEMS ACQUIRED BY GIFT WERE VALUED BY THE DONORS AT \$273,500 AND \$583,086, RESPECTIVELY FOR THE YEARS ENDED DECEMBER 31, 2010, AND 2009, AND ARE NOT REFLECTED IN THE STATEMENT OF ACTIVITIES.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPOSE

THE ORGANIZATION'S PERMANENT COLLECTIONS INCLUDE MORE THAN 12,000 OBJECTS SPANNING FROM ABOUT 1750 TO THE PRESENT: PAINTINGS, DRAWINGS, ORIGINAL PRINTS, SCULPTURE, NATIVE AMERICAN ARTIFACTS, BOOKS, MANUSCRIPTS, IMPRINTS, MAPS, PHOTOGRAPHS, AND CORRESPONDENCE. ALSO INCLUDED ARE TWO HISTORIC STRUCTURES, THE RUSSELL HOME AND STUDIO, BOTH OF WHICH INCLUDE HISTORIC AND PERIOD FURNISHINGS, TOOLS, EQUIPMENT, ART SUPPLIES, CLOTHING, AND OTHER APPROPRIATE COLLECTIONS. THE COLLECTIONS RELATE TO THE CULTURE AND HISTORY OF THE AMERICAN WEST. SIGNIFICANT PARTS OF THE FINE ART

Part XIV Supplemental Information (continued)

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPO

COLLECTION, ARTIFACT COLLECTION, AND RUSSELL STUDIO COLLECTION CONSIST OF OBJECTS
CREATED BY, OWNED BY, AND/OR USED BUY CHARLES M. RUSSELL. THIS COLLECTION FURTHERS
THE EXEMPT PURPOSE OF THE ORGANIZATION, WHICH IS TO COLLECT, PRESERVE, RESEACH,
INTERPRET AND EDUCATE ON THE ART AND LIFE OF CHARLES M. RUSSELL; THE ART AND LIFE OF
HIS CONTEMPORARIES; AND THE ART OF PRECEDING AND ENSUING GENERATIONS THAT DEPICTS AND
FOCUSES ON THE CULTURE, LIFE AND COUNTRY OF RUSSELL'S WEST.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE TRIGG - C.M. RUSSELL FOUNDATION, INC. ENDOWMENT WAS ESTABLISHED TO SUPPORT THE
MUSEUM FINANCES FOR A VARIETY OF PURPOSES. THERE ARE THREE CATEGORIES OF ENDOWMENT
FUNDS: PERMANENT, TEMPORARILY RESTRICTED, AND BOARD DESIGNATED. IN THE PERMANENT
ENDOWMENT, DONORS HAVE PLACED CERTAIN RESTRICTIONS ON THEIR GIFTS. THESE
RESTRICTIONS INCLUDE OPERATIONS, EDUCATION AND ART. THE FOUNDATION ALSO HAS BEEN THE
BENEFICIARY OF CHARITABLE GIFT ANNUITIES. THESE GIFTS ARE PERMANENTLY RESTRICTED AND
THE FOUNDATION HAS A LIABILITY FOR THE ANNUITY PAYMENTS TO THE DONORS. THE ENDOWMENT
ALSO INCLUDES A TEMPORARILY RESTRICTED GIFT THAT IS RESTRICTED BASED ON TIME. THE
RESTRICTION WILL BE MET AUGUST 1, 2021. THE BOARD DESIGNATED ENDOWMENT INCLUDES
FUNDS THAT WERE RECEIVED FROM DONORS WITHOUT RESTRICTIONS AND THE BOARD VOTED TO
DESIGNATE THESE FUNDS TO BE SET ASIDE FOR SPECIFIC PURPOSES. THE PURPOSES INCLUDE
FUNDS FOR A CURATORIAL CHAIR, OPERATIONS, EDUCATION, ART, EXHIBITIONS, GENERAL
CAPITAL IMPROVEMENTS, AND STUDIO IMPROVEMENTS. THE BOARD CAN UNDESIGNATE THESE FUNDS
AT ANY TIME VIA BOARD VOTE.

Part XIV Supplemental Information *(continued)*

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 45428

TRIGG - C.M. RUSSELL FOUNDATION, INC

81-6003526

9/15/11

04.22PM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ENDOWMENT TRUST ASSETS	
	\$ 2,262,421.
TOTAL	<u>\$ 2,262,421.</u>

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

ARTIST PROCEEDS ..	\$ 1,066,985.
DIRECT FUNDRAISING EXPENSES.	103,496.
OBSOLETE INVENTORY IN COGS	161,123.
RENTAL PROPERTY EXPENSES	19,844.
TOTAL	<u>\$ 1,351,448.</u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

ARTIST PROCEEDS	\$ 1,066,985.
DIRECT FUNDRAISING EXPENSES	103,496.
OBSOLETE INVENTORY IN COGS	161,123.
RENTAL PROPERTY EXPENSES	19,844.
TOTAL	<u>\$ 1,351,448.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		MASTERS IN MIN (event type)	(event type)	(total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	103,823.		103,823.	
	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)	103,823.		103,823.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	8,022.		8,022.	
	8	Entertainment				
	9	Other direct expenses	78,495.		78,495.	
	10	Direct expense summary Add lines 4 through 9 in column (d)				86,517.
	11	Net income summary Combine line 3, column (d), and line 10				17,306.

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 column (a) through column (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, column (d) and line 7				

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? Yes No

b If 'No,' explain _____

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

b If 'Yes,' explain _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

Name of the organization

TRIGG - C.M. RUSSELL FOUNDATION, INC

Employer identification number

81-6003526

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art--Works of art	X	12	0.	
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CATALOG PAPER)	X	1	9,500.	COMP SALES
26 Other ▶ (FLOWERS)	X	1	1,421.	COMP SALES
27 Other ▶ (FOOD & BEVERAGE)	X	3	2,118.	COMP SALES
28 Other ▶ (SUPPLIES)	X	28	1,960.	COMP SALES

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 Acknowledgement.

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

SEE PART II

	Yes	No
30a		X
31	X	
32a		X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART II, LINE 33 - REVENUE NOT REPORTED IN COLUMN C

THE FOUNDATION HAS ELECTED 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 (SEE SCHEDULE D, PART XIV FOR ADDITIONAL INFORMATION). AS SUCH, THERE IS NO REVENUE ASSOCIATED WITH THE DONATED WORKS OF ART REPORTED ABOVE. HOWEVER, THE COLLECTION ITEMS ACQUIRED BY GIFT IN 2010 WERE VALUED BY THE DONORS AT \$286,500.

SCHEDULE M - ADDITIONAL INFORMATION

THE FOUNDATION'S COLLECTION POLICY REQUIRES A COLLECTION COMMITTEE OF THE BOARD OF DIRECTORS TO APPROVE ALL CONTRIBUTIONS OF ART AND HISTORICAL ARTIFACTS THAT DO NOT FURTHER THE FOUNDATION'S MISSION. ALL OTHER NON-STANDARD CONTRIBUTIONS ARE DISCUSSED AND SUBJECT TO APPROVAL BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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.



Name of the organization

TRIGG - C.M. RUSSELL FOUNDATION, INC

Employer identification number

81-6003526

FORM 990, PART VIII, LINE 1G - NONCASH CONTRIBUTIONS

PER THE INSTRUCTIONS TO FORM 990, THE VALUE OF DONATED SERVICES IS DISREGARDED FOR REPORTING PURPOSES. HOWEVER, THE FOUNDATION WOULD LIKE TO RECOGNIZE THE DONATED SERVICES IT RECEIVES, AS THEY ARE VITAL TO ITS SUCCESS. IT RECEIVED \$35,319 IN DONATED SERVICES IN 2010.

FORM 990 - ADDITIONAL DBAS

C.M. RUSSELL MUSEUM

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF THE TRIGG-C.M. RUSSELL FOUNDATION, INC. (D.B.A. THE C.M. RUSSELL MUSEUM) IS TO COLLECT, PRESERVE, RESEARCH, INTERPRET AND EDUCATE ON THE ART AND LIFE OF CHARLES M. RUSSELL; THE ART AND LIFE OF HIS CONTEMPORARIES; AND THE ART OF PRECEDING AND ENSUING GENERATIONS THAT DEPICTS AND FOCUSES ON THE CULTURE, LIFE AND COUNTRY OF RUSSELL'S WEST.

FORM 990, PART III, LINE 2 - NEW SERVICES

THE TRIGG - C.M. RUSSELL FOUNDATION, INC (C.M. RUSSELL MUSEUM) IS PROUD TO BE A PART OF WESTERN ART WEEK IN GREAT FALLS, MONTANA, WHICH IS TRANSFORMED INTO THE WESTERN ART CAPITAL OF THE WORLD, DURING MARCH OF EACH YEAR. THE MUSEUM BRINGS A WORLD CLASS EXHIBITION, "THE RUSSELL", TO THE GALLERIES, WHICH IS VIEWED AND ENJOYED BY TYPICALLY 4,000 GUESTS DURING THE MONTH. MANY SCHOOL GROUPS USE THIS EXHIBITION FOR TOURS AND THEY TAILOR THEIR CURRICULUM AROUND THE ART THAT IS AVAILABLE FOR THEM AT THE MUSEUM.

THE MUSEUM HOSTS AN OPENING FOR THE COMMUNITY IN EARLY MARCH AND THEN HAS A RECEPTION DURING WESTERN ART WEEK. THE QUICK FINISH EVENT DURING THE WEEK PROVIDES AN OPPORTUNITY FOR MANY LOCAL RESIDENTS TO SEE ART BEING CREATED RIGHT BEFORE THEIR EYES BY A WIDE RANGE OF ARTISTS WORKING IN MANY DIFFERENT MEDIUMS. NEXT, THE SALE

Name of the organization

TRIGG - C.M. RUSSELL FOUNDATION, INC

Employer identification number

81-6003526

FORM 990, PART III, LINE 2 - NEW SERVICES

OF THE EXHIBITION ART TAKES PLACE ON SATURDAY AND IS A WESTERN SHOWCASE FOR GUESTS AND ARTISTS ALIKE.

THE C.M. RUSSELL MUSEUM HONORS AT LEAST ONE SPECIAL GUEST WHO SUPPORTS THE SPIRIT AND LIFESTYLE OF THE WEST EACH YEAR. THE MUSEUM ALSO SHOWCASES OR FEATURES A SPECIFIC ARTIST, PREFERABLY C.M. RUSSELL, AS PART OF THE EXHIBITION. WESTERN ART WEEK BRINGS MANY PEOPLE TO THE MUSEUM, MANY FOR THE FIRST TIME. THESE VISITORS TYPICALLY TOUR THE ENTIRE MUSEUM AND RUSSELL'S HISTORIC STUDIO.

THE SALE IS SUPPORTED BY A LARGE CADRE OF VOLUNTEERS, WHO START THE PROCESS MANY MONTHS BEFORE THE ACTUAL WEEK OF EVENTS. THESE VOLUNTEERS CONTACT AND SCHEDULE OTHER VOLUNTEERS TO ASSIST THROUGHOUT THE WEEK AT SPECIFIC EVENTS, PREPARE INVITATIONS, CREATE GIFT BAGS FOR PARTICIPATING ARTISTS, ASSEMBLE WESTERN ART WEEK INFORMATION PACKETS FOR THE VISITORS, PRINT AND ASSEMBLE NAME TAGS, AND PREPARE GUEST ROSTERS. DURING THE WEEK, THEY GREET GUESTS, ANSWER QUESTIONS, SELL TICKETS, PRESENT ART, ASSIST WITH THE SILENT AUCTION, ASSIST WITH ART SALES AND ART MOVEMENT, AND HELP WITH THE SET UP AND TEAR DOWN. THE EVENTS COULD NOT TAKE PLACE WITHOUT THEIR TIME, ENERGY, AND DEVOTION TO THE MUSEUM.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EDUCATION/PUBLIC PROGRAMS:

THE MUSEUM CONTINUED WITH STANDARD EDUCATIONAL PROGRAMS INCLUDING THE FIFTH GRADE TOURS FOR CITY AND COUNTY STUDENTS, SUNDAY SAMPLER, TASTE OF ART, AND RUSSELL ROUNDUP DAY CAMPS. FAMILY PROGRAMS INCLUDED SADDLES AND SPURS, CHAUTAUQUA, NATIVE AMERICAN WEEK, AND HOLIDAY OPEN HOUSE. TOT'S TALES AND ART EXPLORERS FOR PRESCHOOL AND ELEMENTARY AGE KIDS, RESPECTIVELY, HAVE CONTINUED TO BE WELL-RECEIVED AND ATTENDED. THE MUSEUM ALSO WORKED WITH CHARLIE'S TOP HANDS TO ASSIST WITH THEIR

Name of the organization

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

QUARTERLY LECTURE SERIES. MANY EXHIBITIONS ALSO INCLUDED LECTURES AND EDUCATIONAL COMPONENTS. DAYCARE AND HOME SCHOOL GROUPS ATTEND EDUCATIONAL OFFERINGS AT THE MUSEUM AS WELL AS TAKE FIELD TRIPS TO EXPLORE THE DISCOVERY GALLERY.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

SIGNIFICANT CHANGES TO THE ARTICLES OF INCORPORATION ON MARCH 11, 2009, NOT PREVIOUSLY REPORTED:

- ARTICLE V AMENDED TO STATE THAT THE CORPORATION SHALL HAVE NO MEMBERS, AND SHALL BE GOVERNED BY A SELF-PERPETUATING BOARD OF DIRECTORS.

- ARTICLE VI AMENDED TO STATE THAT THE FOLLOWING MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE DIRECTORS IN OFFICE: AMENDMENTS TO THE ARTICLES OF INCORPORATION; THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE CORPORATION'S PROPERTY OTHER THAN IN THE ORDINARY COURSE OF BUSINESS; THE SALE, EXCHANGE OR OTHER DISPOSITION OF ANY ORIGINAL WORK OF ART BY C.M. RUSSELL; A MERGER; AND A DISSOLUTION.

SIGNIFICANT CHANGES TO THE ARTICLES OF INCORPORATION ON MARCH 18, 2010:

- ARTICLE II AMENDED TO ALLOW THE MUSEUM TO HOLD A WESTERN ART AUCTION FOR THE DUAL PURPOSES OF RAISING FUNDS AND PROMOTING ITS MISSION, IN PART, TO EDUCATE ON THE LIFE OF CHARLES M. RUSSELL AND THE ART OF OTHERS THAT DEPICTS AND FOCUSES ON THE CULTURE, LIFE, AND COUNTRY OF RUSSELL'S WEST.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT ACCOUNTANT AND REVIEWED BY THE FOUNDATION'S CHIEF OPERATIONS OFFICER. THE RETURN IS THEN PRESENTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULARLY SCHEDULED FULL BOARD MEETING. UPON REVIEW AND DISCUSSION, THE 990 IS SUBJECT TO APPROVAL BY MAJORITY VOTE. ONCE APPROVED, IT

Name of the organization

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

IS THEN FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY AND DISCLOSE ALL MATERIAL CONFLICTS. SHOULD A SITUATION ARISE WHERE A BOARD MEMBER HAS A CONFLICT OF INTEREST, THE BOARD MEMBER ABSTAINS FROM VOTING ON THE ISSUE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE FOUNDATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR HIRING ALL OFFICERS OF THE ORGANIZATION. THE BOARD RESEARCHES COMPARABLE ORGANIZATIONS TO DETERMINE REASONABLE COMPENSATION AND BENEFIT PACKAGES FOR THE ORGANIZATION'S OFFICERS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE FOUNDATION'S OFFICERS ARE RESPONSIBLE FOR HIRING KEY EMPLOYEES. COMPARISONS ARE MADE TO SIMILAR ORGANIZATIONS AND LOCAL EMPLOYMENT AGENCIES ARE CONTACTED FOR INPUT AS WELL. THERE WERE NO KEY EMPLOYEES EMPLOYED BY THE FOUNDATION IN 2010 (BASED UPON THE 990 DEFINITION OF KEY EMPLOYEE).

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL REQUIRED PUBLIC DOCUMENTS ARE MADE AVAILABLE AT THE C.M. RUSSELL MUSEUM ADMINISTRATIVE OFFICES UPON REQUEST.

CLIENT 45428

TRIGG - C.M. RUSSELL FOUNDATION, INC

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FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ENDOWMENT TRUST ASSETS	\$ 2,262,421.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	352,207.
PRIOR PERIOD ADJUSTMENT	-7,478.
TOTAL	<u>\$ 2,607,150.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

TRIGG - C.M. RUSSELL FOUNDATION, INC

Employer identification number

81-6003526

OMB No. 1545-0047

2010



Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) TRIGG-CM RUSSELL FOUNDATION ENDOWMT 400 13TH STREET NORTH GREAT FALLS, MT 59401 84-1426535	PROVIDE FIN'L SUPPORT FOR TRIGG-CM RUSSELL FOUNDATION	MT	501(C)(3)	TYPE II	N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1) -----												
2) -----												
3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
2) -----							
3) -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	TRIGG-CM RUSSELL FOUNDATN ENDOWMT TRUST	C	2,262,421	FMV	X	X
(2)						
(3)						
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- ----- ----- -----										
(2) ----- ----- ----- ----- -----										
(3) ----- ----- ----- ----- -----										
(4) ----- ----- ----- ----- -----										
(5) ----- ----- ----- ----- -----										
(6) ----- ----- ----- ----- -----										
(7) ----- ----- ----- ----- -----										
(8) ----- ----- ----- ----- -----										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART VII - SUPPLEMENTAL INFORMATION

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

THE FOUNDATION CREATED THE TRIGG-C.M. RUSSELL FOUNDATION, INC. ENDOWMENT TRUST IN NOVEMBER 1996 TO HOLD ENDOWMENT FUNDS RECEIVED FOR THE BENEFIT OF THE FOUNDATION. SINCE THAT TIME, BOTH FEDERAL AND STATE LAWS GOVERNING NONPROFIT ORGANIZATIONS HAVE CHANGED SUCH THAT THE NEED FOR A SEPARATE ENDOWMENT TRUST WAS NO LONGER NECESSARY. AS A RESULT, ON MARCH 18, 2010, THE FOUNDATION'S BOARD OF DIRECTORS PASSED A RESOLUTION TERMINATING THE ENDOWMENT TRUST, WITH ALL REMAINING PROPERTIES OF THE TRUST REVERTING TO ENDOWMENT FUNDS OF THE FOUNDATION. ALL ORIGINAL DONOR RESTRICTIONS AS INTERPRETED UNDER THE MONTANA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (MUPMIFA) WILL CONTINUE TO APPLY TO THESE FUNDS.

CLIENT 45428

TRIGG - C.M. RUSSELL FOUNDATION, INC

81-6003526

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDINGS																
80	RAILING	7/01/71		1,659							1,659	1,597	S/L	40		41
81	BRICKWORK	7/01/75		8,035							8,035	8,035	S/L	20		0
82	DRAIN COLLECTION SYSTEM	5/01/79		9,890							9,890	9,890	S/L	25		0
83	REPLACE ROOF/VENT	1/31/82		3,380							3,380	3,380	S/L	15		0
84	ADDITION	10/31/85		1,513,218							1,513,218	914,236	S/L	40		37,830
85	ADDITIONS	4/30/86		3,263							3,263	3,263	S/L	15		0
86	STATUE & BASE	9/20/88		17,418							17,418	17,418	S/L	20		0
87	PARK BENCH	8/31/90		725							725	725	S/L	10		0
88	COMPRESSOR	5/10/91		4,344							4,344	4,344	S/L	10		0
89	BENCH & PLAQUE	10/04/91		650							650	650	S/L	10		0
90	NEW BUILDING	7/01/69		436,114							436,114	436,114	S/L	40		0
91	LOWER LEVEL GALLERY	7/01/70		3,573							3,573	2,804	S/L	40		769
92	BOILER	10/07/98		34,780							34,780	15,651	S/L	25		1,391
93	SECURITY SYSTEM	7/01/00		205,045							205,045	194,793	S/L	10		10,252
94	BUILDING EXPANSION	7/01/00		3,456,527							3,456,527	820,925	S/L	40		86,413
95	ARCHITECTURAL FEES FOR EXP	7/01/00		226,452							226,452	53,782	S/L	40		5,661
96	HVAC	8/29/01		105,425							105,425	35,142	S/L	25		4,217
97	ROOF	8/29/01		10,840							10,840	6,022	S/L	15		723
98	ELEVATOR	12/15/05		52,700							52,700	5,270	S/L	40		1,318
99	BRONZE DISPLAY	3/22/05		9,900							9,900	1,881	S/L	25		396
100	ROOF REPLACEMENT	11/30/07		84,388							84,388	11,721	S/L	15		5,626
101	IMLS LIGHTING REMODEL	6/13/07		54,220							54,220	14,007	S/L	10		5,422
102	BISON EXHIBIT	12/05/08		209,062							209,062	22,648	S/L	10		20,906

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TRIGG - C.M. RUSSELL FOUNDATION, INC

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
103	BISON REMODEL	12/05/08		349,999							349,999	15,167	S/L	25		14,000
104	HANDICAP DOORS	8/11/09		13,895							13,895	386	S/L	15		926
	TOTAL BUILDINGS			6,815,502		0	0	0	0	0	6,815,502	2,599,851				195,891
	FURNITURE AND FIXTURES															
11	SNOWBLOWER/MOWER	12/01/86		10,570							10,570	10,570	S/L	5		0
12	(4) HIGHWAY SIGNS	7/01/88		3,700							3,700	3,700	S/L	15		0
13	FIREPROOF CABINET	2/10/88		469							469	469	S/L	10		0
14	SHRINK WRAP MACHINE	5/12/88		495							495	495	S/L	5		0
15	PHOTOGRAPHY ROOM LIGHTS	12/01/88		822							822	822	S/L	7		0
16	PORTABLE BAR	7/13/89		1,500							1,500	1,500	S/L	10		0
17	100 CHAIRS 16 TBLS 2 TRCK	9/01/89		3,811							3,811	3,811	S/L	10		0
18	IBM TYPEWRITER	10/01/89		350							350	350	S/L	5		0
19	TABLE TRUCK	11/30/89		540							540	540	S/L	10		0
20	FLOOR JACK	10/10/90		450							450	450	S/L	5		0
21	FIREPROOF SAFE	2/28/90		550							550	550	S/L	10		0
22	(6) FILE CABINETS	4/19/90		803							803	803	S/L	10		0
23	POWER SUPPLY BOARD	4/26/90		365							365	365	S/L	5		0
24	(2) FILE DRAWERS	4/21/90		549							549	549	S/L	10		0
25	GLASS BOOKCASE	8/23/90		370							370	370	S/L	10		0
26	LADDER	8/21/90		428							428	428	S/L	5		0
27	REFRIGERATOR	9/26/90		630							630	630	S/L	5		0
28	VACUUM/BLOWER	9/25/90		470							470	470	S/L	5		0
29	3 FILE CABINETS/CART	5/21/90		351							351	351	S/L	10		0
30	GUN/DONATION CABINETS	8/20/90		2,423							2,423	2,423	S/L	10		0
31	POSTS & ROPES	2/08/91		3,988							3,988	3,988	S/L	10		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
32	PODIUM & MICROPHONE	3/08/91		748							748	748	S/L	5		0
33	GLASS CUBE & PEDESTAL	4/09/91		264							264	264	S/L	10		0
34	LAWN MOWER CART	5/10/91		169							169	169	S/L	5		0
35	CAMERA & EQUIPMENT	10/11/91		1,581							1,581	1,581	S/L	5		0
36	CAMERA TRIPOD	11/04/91		883							883	883	S/L	5		0
37	CAMERA EQUIPMENT	12/11/91		1,185							1,185	1,185	S/L	5		0
38	CAMERA EQUIPMENT	11/30/92		9,845							9,845	9,845	S/L	5		0
39	TEEPEE	9/30/90		750							750	750	S/L	10		0
40	TRUCK	11/30/90		855							855	855	S/L	10		0
41	RAWHIDE PARFLECH	3/07/91		125							125	125	S/L	5		0
42	BUFFALO SKULL	4/23/91		350							350	350	S/L	5		0
43	BLACKFEET BACKREST	4/23/91		250							250	250	S/L	5		0
44	CRADLEBOARD	5/31/91		150							150	150	S/L	5		0
45	PROJECTOR	7/01/70		348							348	348	S/L	10		0
46	FILE	12/01/79		120							120	120	S/L	10		0
47	FILE CABINET	1/01/82		125							125	125	S/L	10		0
48	BROWN FILE	1/01/82		159							159	159	S/L	10		0
49	4 DRAWER FILE	1/01/82		162							162	162	S/L	10		0
50	FLOORING	7/01/00		157,018							157,018	157,018	S/L	7		0
51	LANDSCAPING	7/01/00		64,463							64,463	61,240	S/L	10		3,223
52	STUDIO PIPE	7/01/00		1,430							1,430	1,430	S/L	5		0
53	EKLUNDS KITCHEN APPLIANCE	7/01/00		3,834							3,834	3,834	S/L	5		0
54	SHOP FIXTURES	7/01/00		38,818							38,818	38,818	S/L	7		0
55	OFFICE FURNITURE	7/01/00		2,518							2,518	2,518	S/L	5		0
56	COMPUTERS	7/01/00		19,328							19,328	19,328	S/L	5		0
57	TELEPHONE SYSTEM	7/01/00		42,722							42,722	42,722	S/L	7		0
58	VAULT & VAULT S	2/01/02		128,000							128,000	128,000	S/L	7		0

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81-6003526

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.						
59	VAN	6/07/02		16,800							16,800	16,800	S/L	5		0						
60	BRONZE DISPLAY	6/12/03		16,000							16,000	10,400	S/L	10		1,600						
61	COPIER	6/05/03		7,138							7,138	7,138	S/L	5		0						
62	SHOP POS SYSTEM	9/29/04		22,670							22,670	22,670	S/L	5		0						
63	EXHIBIT FIXTURES	1/01/04		127,862							127,862	76,717	S/L	10		12,786						
64	DISPLAY CASE	1/01/06		11,000							11,000	6,286	S/L	7		1,571						
65	SERVER	11/16/05		10,589							10,589	8,648	S/L	5		1,941						
66	CCTV SECURITY RECORDER	11/08/06		19,000							19,000	12,033	S/L	5		3,800						
67	ICE MACHINE	3/02/06		5,857							5,857	4,491	S/L	5		1,171						
68	12 COMPUTERS	1/17/06		12,714							12,714	9,959	S/L	5		2,543						
69	SECURITY UPGRADE	5/15/07		15,168							15,168	8,090	S/L	5		3,034						
70	DVD RECORDER - SECURITY	6/29/07		6,000							6,000	3,000	S/L	5		1,200						
71	PHONE SYSTEM	1/16/08		17,419							17,419	6,677	S/L	5		3,484						
72	SERVER - GENERAL NETWORK	12/23/08		7,100							7,100	1,420	S/L	5		1,420						
73	COMPUTER - MARTH'S MAC	10/15/08		6,745							6,745	1,686	S/L	5		1,349						
74	LARGE FORMAT PRINTER	2/20/08		5,783							5,783	2,120	S/L	5		1,157						
75	BISON SECURITY SYSTEM	10/15/08		17,013							17,013	4,253	S/L	5		3,403						
76	CHAIRS	12/18/09		11,430							11,430		S/L	10		1,143						
77	DISPLY CASES-STRAND ITEMS	3/30/09		25,000							25,000	750	S/L	25		1,000						
78	ACOSTIGUIDES	9/25/09		22,738							22,738	569	S/L	10		2,274						
79	BISON & RIDER DSPLY SURND	12/31/09		13,798							13,798		S/L	10		1,380						
108	WIRELESS SOUND -GALLERIES	8/15/10		16,510							16,510		S/L	5		1,376						
109	BLACKBAUD FIN'L SOFTWARE	9/30/10		16,308							16,308		S/L	5		815						
TOTAL FURNITURE AND FIXTURE												940,476	0	0	0	0	0	0	0	940,476	710,318	51,670

CLIENT 45428

TRIGG - C.M. RUSSELL FOUNDATION, INC

81-6003526

9/15/11

04-21PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP_DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
1	LAND ORIGINAL PURCHASE	7/01/65		12,100							12,100					0
2	EXPANSION	8/31/81		203,329							203,329					0
3	LAND	8/30/91		5,000							5,000					0
4	LAND	6/24/93		5,000							5,000					0
5	LAND - PADDOCK HOUSE	2/26/99		11,000							11,000					0
6	LAND - KEITH HOUSE	3/31/99		5,500							5,500					0
7	LAND - HYDE HOUSE	6/04/81		14,000							14,000					0
8	LAND - SNYDER PROPERTY	5/17/04		15,000							15,000					0
9	VACANT 1/2 LOT	7/16/07		20,000							20,000					0
10	RENTAL PRP-1215 5TH AVE N	4/02/08		30,000							30,000					0
	TOTAL LAND			320,929		0	0	0	0	0	320,929					0
REAL ESTATE																
105	PADDOCK HOUSE	1/01/04		63,900							63,900	15,336	S/L	25		2,556
106	BUILDING	5/17/04		97,275							97,275	21,725	S/L	25		3,891
107	RENTL PRP-1215 5TH AVE N	4/02/08		70,000							70,000	4,900	S/L	25		2,800
	TOTAL REAL ESTATE			231,175		0	0	0	0	0	231,175	41,961				9,247
	TOTAL DEPRECIATION			8,308,082		0	0	0	0	0	8,308,082	3,352,130				256,808
	GRAND TOTAL DEPRECIATION			8,308,082		0	0	0	0	0	8,308,082	3,352,130				256,808

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	TRIGG - C.M. RUSSELL FOUNDATION, INC	81-6003526
	Number, street, and room or suite number. If a P O box, see instructions	
File by the due date for filing your return. See instructions.	400 13TH STREET NORTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	GREAT FALLS, MT 59401	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ► NANCY ZADICK -----

Telephone No. ► 406-727-8787 ----- FAX No ► -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 10 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization TRIGG - C.M. RUSSELL FOUNDATION, INC	Employer identification number 81-6003526
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P O box, see instructions ANDERSON ZURMUEHLEN 21 10TH STREET SOUTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREAT FALLS, MT 59401	

Enter the Return code for the return that this application is for (file a separate application for each return). 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of NANCY ZADICK
Telephone No. 406-727-8787 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15 , 20 11.
- 5 For calendar year 2010 , or other tax year beginning _____ , 20 _____ , and ending _____ , 20 _____ .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
8c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title **CPA** Date **08/09/11**

BAA FIFZ0502L 11/15/10 Form 8868 (Rev 1-2011)

Anderson Zurmuehlen & Co 81-0385940
21 Tenth Street South
Great Falls, Montana 59401 (406)727-0888