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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRIGG - CM RUSSELL FOUNDATION INC Doing Business As CM RUSSELL MUSEUM Number and street (or P O box if mail is not delivered to street address) Room/suite 400 13TH STREET NORTH City or town, state or country, and ZIP + 4 GREAT FALLS, MT 59401 F Name and address of principal officer MICHAEL D DUCHEMIN 400 13TH STREET NORTH GREAT FALLS, MT 59401	D Employer identification number 81-6003526 E Telephone number (406) 727-8787 G Gross receipts \$ 3,926,681
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.CMRUSSELL.ORG		L Year of formation 1951 M State of legal domicile MT
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34	3 4 5 6 7a 7b	38 38 50 345 9,350 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year 1,156,145 695,045 228,443 176,153 2,255,786	Current Year 978,579 1,016,168 211,856 217,305 2,423,908	
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) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 79,523 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	0 0 1,094,852 0 1,355,400 2,450,252 -194,466	6,000 0 759,524 0 1,367,603 2,133,127 290,781	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year 9,597,172 270,584 9,326,588	End of Year 10,063,080 174,959 9,888,121	

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	2013-09-11 Date	
	MICHAEL D DUCHEMIN EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name RICHARD REISIG	Preparer's signature Date	Check <input type="checkbox"/> if self-employed PTIN P00185761
	Firm's name ▶ ANDERSON ZURMUEHLEN & CO PC	Firm's EIN ▶ 81-0385940	Phone no (406) 727-0888
	Firm's address ▶ 21 10TH STREET SOUTH GREAT FALLS, MT 59401		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 1,004,397 including grants of \$ 6,000) (Revenue \$ 1,186,892)

COLLECTIONS AND EXHIBITIONS IN 2012, 33,016 PEOPLE VISITED THE C M RUSSELL MUSEUM, A SLIGHT DECREASE FROM THE PRIOR YEAR. THE RUSSELL WORKS CONTINUE TO BE DISPLAYED IN CHRONOLOGICAL ORDER. THE MUSEUM DISPLAYED ART FOR THE MUSEUM'S MAJOR EVENT, WHICH IS KNOWN AS "THE RUSSELL THE SALE TO BENEFIT THE C M RUSSELL MUSEUM". OTHER EXHIBITIONS INCLUDED "ROMANCE MAKER THE WATERCOLORS OF C M RUSSELL", "GHOST RANCH AND THE FARAWAY NEARBY" BY CRAIG VARJABEDIAN, "NATIONAL GEOGRAPHIC GREATEST PHOTOGRAPHS OF THE AMERICAN WEST" (COLLABORATION WITH MUSEUMS WEST, A NATIONAL MUSEUM CONSORTIUM), AND "HISTORIC RANCHES OF MONTANA" BY THE MONTANA PAINTERS ALLIANCE. THE MUSEUM CONTINUED THE EXTENSIVE PERMANENT EXHIBITION CALLED "THE BISON AMERICAN ICON, HEART OF PLAINS INDIAN CULTURE", WHICH OPENED IN DECEMBER 2008. CONSERVATION EFFORTS CONTINUED IN MANY AREAS, INCLUDING NATIVE AMERICAN ARTIFACTS AND CLOTHING THAT IS INCLUDED IN "THE BISON" EXHIBITION. THE COLLECTIONS AND EXHIBITIONS AREA DIRECTLY SUPPORTS THE MUSEUM'S MISSION.

4b (Code) (Expenses \$ 382,693 including grants of \$) (Revenue \$)

MUSEUM SERVICES THE PURPOSE OF THE TRIGG-RUSSELL FOUNDATION, INC IS TO OPERATE AND MAINTAIN THE C M RUSSELL MUSEUM, WHILE FOLLOWING THE MISSION OF THE ORGANIZATION. THE MUSEUM REQUIRES OPERATIONS STAFF ON SITE DURING ALL OPEN HOURS. MUSEUM STAFF MAINTAINS THE GROUNDS, BUILDING, EQUIPMENT, AS WELL AS ENSURES THE SAFETY OF THE MUSEUM COLLECTION, STAFF, AND VISITORS. ADDITIONAL STAFF WAS REQUIRED FOR THE SPECIAL EXHIBITION ROMANCE MAKER. MUSEUM SERVICES ALSO INCLUDE ADMISSIONS, THE ADMINISTRATIVE STAFF, MEMBERSHIP AND DEVELOPMENT, EVENT COORDINATION, AND THE MUSEUM STORE. ALL OF THESE AREAS ARE ESSENTIAL TO CARRY OUT THE MISSION OF THE MUSEUM AND EACH COMPONENT MUST WORK WITH THE OTHER TO BE SUCCESSFUL IN THE MUSEUM'S CURRENT AND FUTURE ENDEAVORS.

4c (Code) (Expenses \$ 109,383 including grants of \$) (Revenue \$ 254)

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 INCLUDES AND THE DEPTH AND RANGE OF THE INSTITUTION'S ROLE IN THE COMMUNITY. SUCH EXAMPLES INCLUDE SADDLES AND SPURS, LECTURES, AND THE HOLIDAY OPEN HOUSE. THE MUSEUM ALSO PROVIDES SOME EVENING EXHIBIT OPENINGS TO THE COMMUNITY FREE OF CHARGE AS A WAY TO ENCOURAGE PARTICIPATION IN THE MUSEUM. STAFF ENGAGED NEW METHODS OF REACHING POTENTIAL AUDIENCES BY UTILIZING BILLBOARDS AND SOCIAL MEDIA. A REFRESHED WEBSITE PROJECT WAS BEGUN TO ENHANCE THE MUSEUM'S PUBLIC FACE ON THE INTERNET. PUBLIC RELATIONS AND MARKETING ARE AN INTEGRAL PART OF INFORMING THE PUBLIC ABOUT THE MUSEUM AND THE PROGRAMMING THAT IS AVAILABLE, AS WELL AS REACHING NEW POTENTIAL MEMBERS AND DONORS.

(Code) (Expenses \$ 74,814 including grants of \$) (Revenue \$ 9,986)

EDUCATION/PUBLIC PROGRAMS THE MUSEUM CONTINUED WITH STANDARD EDUCATIONAL PROGRAMS INCLUDING THE FIFTH GRADE TOURS FOR CITY AND COUNTY STUDENTS WHOSE ESSAYS ARE FEATURED AT A SPECIAL PROGRAM, SUNDAY SAMPLER (COLLABORATIVE EFFORT WITH THE LOCAL CONSORTIUM), AND RUSSELL ROUNDUP DAY CAMPS. FAMILY PROGRAMS INCLUDED SADDLES AND SPURS, NATIVE AMERICAN SCHOOL PROGRAMS, 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 EDUCATION DEPARTMENT ALSO OFFERED A BLACKFEET BEADING CLASS AND PROVIDED AN OUTREACH PROGRAM FOR THE LOCAL EAGLE MOUNT GROUP. MANY EXHIBITIONS ALSO INCLUDED LECTURES AND EDUCATIONAL COMPONENTS, SUCH AS A PHOTOGRAPHY CLASS WITH CRAIG VARJABEDIAN, FREE EDUCATIONAL SEMINARS IN CONJUNCTION WITH THE RUSSELL, AND A WATERCOLOR WORKSHOP BY JOE BOHLER. THE MUSEUM HELD "AN EVENING WITH CHARLIE" AS PART OF THE ROMANCE MAKER EXHIBITION WITH RAPHAEL CRISTY PORTRAYING CHARLIE RUSSELL. DAYCARE AND HOME SCHOOL GROUPS ATTEND EDUCATIONAL OFFERINGS AT THE MUSEUM AS WELL AS TAKE FIELD TRIPS TO EXPLORE THE DISCOVERY GALLERY. THE EDUCATION AREA IS AN ESSENTIAL PART OF THE MUSEUM'S MISSION, WHICH STRIVES TO EDUCATE AND EXPOSE PEOPLE TO RUSSELL'S ART AND LIFE AS WELL AS THE ART AND LIFE OF HIS CONTEMPORARIES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 74,814 including grants of \$) (Revenue \$ 9,986)

4e Total program service expenses 1,571,287

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>	Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21		No
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> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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> 	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> 	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29		No
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> 	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 21		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 50		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	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).		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	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 lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (38), 1b (38), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, 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 (406) 727-8787

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b	175,028				
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	19,350				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	784,201				
	g Noncash contributions included in lines 1a-1f \$	20,322				
	h Total. Add lines 1a-1f	978,579				
Program Service Revenue	2a THE RUSSELL & WESTERN	900099	855,612	855,612		
	b ADMISSIONS AND TOURS	900099	122,948	122,948		
	c EXHIBITIONS-OTHER MUSEUMS	900099	37,608	37,608		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,016,168			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		123,299		123,299	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		6,798		6,798	
	6a Gross rents	(i) Real	20,572			
		(ii) Personal				
		b Less rental expenses	379			
		c Rental income or (loss)	20,193			
	d Net rental income or (loss)		20,193		20,193	
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,366,942			
		(ii) Other				
		b Less cost or other basis and sales expenses	1,278,385			
		c Gain or (loss)	88,557			
	d Net gain or (loss)		88,557		88,557	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	395,370				
	b Less cost of goods sold b	224,009				
	c Net income or (loss) from sales of inventory		171,361	171,361		
Miscellaneous Revenue	Business Code					
11a INSURANCE PROCEEDS	900099	9,603	9,603			
b ADVERTISING & CATALOG SALES	511190	9,350		9,350		
c						
d All other revenue						
e Total. Add lines 11a-11d		18,953				
12 Total revenue. See Instructions		2,423,908	1,197,132	9,350	238,847	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,000	6,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,959	43,037	107,914	8
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	520,022	465,551	37,706	16,765
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,400	10,485	-683	-402
10	Payroll taxes	79,143	63,250	13,770	2,123
11	Fees for services (non-employees)				
a	Management				
b	Legal	9,429	7,078	2,252	99
c	Accounting	12,101	9,084	2,890	127
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,233		15,233	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,200	38,055	12,612	533
12	Advertising and promotion	235,525	233,598	1,426	501
13	Office expenses	14,503	9,666	3,841	996
14	Information technology				
15	Royalties				
16	Occupancy	99,359	99,116	243	
17	Travel	30,721	28,401		2,320
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	255,529		255,529	
23	Insurance	53,870	53,870		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEALS & ENTERTAINMENT	106,084	99,607	688	5,789
b	MAINTENANCE	62,501	61,790	554	157
c	PRINTING	62,243	46,568	288	15,387
d	MUSEUM EVENTS	44,382	41,305	2,581	496
e	All other expenses	314,923	254,826	25,473	34,624
25	Total functional expenses. Add lines 1 through 24e	2,133,127	1,571,287	482,317	79,523
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(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	679,813	2	952,518
	3 Pledges and grants receivable, net	124,028	3	74,267
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	177,955	8	183,974
	9 Prepaid expenses and deferred charges	88,878	9	128,263
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,565,371		
	b Less accumulated depreciation	4,109,693	10c	4,455,678
	11 Investments—publicly traded securities	3,980,212	11	4,201,343
	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	51,152	15	65,337
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,597,172	16	10,063,080	
Liabilities	17 Accounts payable and accrued expenses	246,834	17	94,154
	18 Grants payable		18	
	19 Deferred revenue	23,750	19	80,805
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	270,584	26	174,959
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,228,535	27	7,347,363
	28 Temporarily restricted net assets	825,449	28	1,217,209
	29 Permanently restricted net assets	1,272,604	29	1,323,549
	Organizations that do not follow SFAS 117 (ASC 958), 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	9,326,588	33	9,888,121	
34 Total liabilities and net assets/fund balances	9,597,172	34	10,063,080	

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	2,423,908
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,133,127
3	Revenue less expenses Subtract line 2 from line 1	3	290,781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,326,588
5	Net unrealized gains (losses) on investments	5	236,318
6	Donated services and use of facilities	6	41,184
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,750
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,888,121

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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?		No
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization

TRIGG - CM 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (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?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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 ▶		
b 10%-facts-and-circumstances test—2011. 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 ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,562,314	938,649	833,224	987,217	978,579	6,299,983
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	553,286	603,276	499,925	504,849	518,318	2,679,654
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,115,600	1,541,925	1,333,149	1,492,066	1,496,897	8,979,637
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						8,979,637

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	3,115,600	1,541,925	1,333,149	1,492,066	1,496,897	8,979,637
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,045	62,528	162,459	140,788	150,669	597,489
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1,490			1,490
c Add lines 10a and 10b	81,045	62,528	163,949	140,788	150,669	598,979
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,196,645	1,604,453	1,497,098	1,632,854	1,647,566	9,578,616
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2012 (line 8, column (f) divided by line 13, column (f))	15	93.750 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	94.620 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	6.250 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	5.380 %

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization TRIGG - CM RUSSELL FOUNDATION INC

Employer identification number 81-6003526

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description and Held at the End of the Year. Rows 2a (Total number of conservation easements), 2b (Total acreage restricted), 2c (Number of conservation easements on a certified historic structure), 2d (Number of conservation easements included in (c) acquired after 8/17/06).

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

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)?

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

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

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

1b 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 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 XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

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

- a Board designated or quasi-endowment 54.620%
b Permanent endowment 38.300%
c Temporarily restricted endowment 7.080%
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,270,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	236,318
b	Donated services and use of facilities	2b	41,184
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,569,580
e	Add lines 2a through 2d	2e	2,847,082
3	Subtract line 2e from line 1	3	2,423,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,423,908

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

1	Total expenses and losses per audited financial statements	1	4,709,457
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,576,330
e	Add lines 2a through 2d	2e	2,576,330
3	Subtract line 2e from line 1	3	2,133,127
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	2,133,127

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	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 III, LINE 1A	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 \$378,200 AND \$1,808,200, RESPECTIVELY FOR THE YEARS ENDED DECEMBER 31, 2012, AND 2011, AND ARE NOT REFLECTED IN THE STATEMENT OF ACTIVITIES THE MUSEUM ACQUIRED FIVE ITEMS IN 2012 BY REALLOCATING TEMPORARILY RESTRICTED ART ACQUISITION FUNDS TO THE TEMPORARILY RESTRICTED RENNER LIBRARY FUND THE OWNER OF THE ITEMS REQUESTED THE REALLOCATION IN LIEU OF PAYMENT FOR THE ITEMS THE AMOUNT OF THE REALLOCATION WAS \$91,140
	PART III, LINE 4	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 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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 XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY EXPENSES 379 ARTIST PROCEEDS 2,569,201
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL PROPERTY EXPENSES 379 ARTIST PROCEEDS 2,569,201 PERMANENT COLLECTION PURCHASE 6,750

Schedule I (Form 990)

OMB No 1545-0047

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

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TRIGG - CM RUSSELL FOUNDATION INC

Employer identification number 81-6003526

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DUFRESNE INTERN GRANTS	2	6,000			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AN ANNUAL DETERMINATION IS MADE IF THE DUFRESNE TEMPORARILY RESTRICTED FUND HAS SUFFICIENT REVENUE TO PROVIDE A GRANT OR GRANTS IF SO, THE POSITION IS DEFINED BASED ON THE STAFFING AND EXPERIENCE NEEDS OF THE MUSEUM THAT AN INTERN OR INTERNS CAN MEET ONCE THE POSITION IS DEFINED, THE GRANT IS ADVERTISED AND APPLICANTS ARE INTERVIEWED ONCE AN APPLICANT IS CHOSEN FOR THE POSITION, GRANT FUNDS ARE DISBURSED AND THE APPLICANT RECEIVES THE STIPEND THEIR WORK WITH THE MUSEUM IS CONSTANTLY MONITORED BECAUSE THEY WORK REGULARLY WITH MUSEUM MANAGEMENT AND STAFF

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization TRIGG - CM RUSSELL FOUNDATION INC

Employer identification number 81-6003526

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VAN KIRKE NELSON	CURRENT DIRECTOR	175,950	ART CONSIGNMENT		No
(2) GINGER RENNER TRUST	IRREV TRUST OF FORMER DIRECTOR (NOW DECEASED)	688,371	ART CONSIGNMENT		No
(3) MIKE INGRAM	CURRENT DIRECTOR	58,500	ART CONSIGNMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization TRIGG - CM RUSSELL FOUNDATION INC

Employer identification number 81-6003526

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Securities, Real estate, etc.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	PART I, LINE 33	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 2012 WERE VALUED BY THE DONORS AT \$378,200

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

Name of the organization
TRIGG - CM RUSSELL FOUNDATION INC

Employer identification number

81-6003526

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS WILLIAM COWAN AND LISA COWAN-HUESTIS ARE FATHER AND DAUGHTER
	FORM 990, PART VI, SECTION B, LINE 11	LINE 11A EXPLANATION - THE FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT ACCOUNTANT AND REVIEWED BY THE FOUNDATION'S EXECUTIVE DIRECTOR AND 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 IS THEN FILED
	FORM 990, PART VI, SECTION B, LINE 12C	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, SECTION B, LINE 15	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 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 2012 (BASED UPON THE 990 DEFINITION OF KEY EMPLOYEE)
	FORM 990, PART VI, SECTION C, LINE 19	ALL REQUIRED PUBLIC DOCUMENTS ARE MADE AVAILABLE AT THE C M RUSSELL MUSEUM ADMINISTRATIVE OFFICES UPON REQUEST
	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 \$41,184 IN DONATED SERVICES IN 2012
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART IX, LINE 24E	SECURITY PROGRAM SERVICE EXPENSES 43,883 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 43,883 CONTRACT LABOR PROGRAM SERVICE EXPENSES 28,786 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 10,500 TOTAL EXPENSES 39,286 POSTAGE PROGRAM SERVICE EXPENSES 27,348 MANAGEMENT AND GENERAL EXPENSES 3,134 FUNDRAISING EXPENSES 5,451 TOTAL EXPENSES 35,933 CREDIT CARD FEES PROGRAM SERVICE EXPENSES 31,092 MANAGEMENT AND GENERAL EXPENSES 689 FUNDRAISING EXPENSES 2,741 TOTAL EXPENSES 34,522 COMPUTER EXPENSE PROGRAM SERVICE EXPENSES 14,371 MANAGEMENT AND GENERAL EXPENSES 8,266 FUNDRAISING EXPENSES 4,705 TOTAL EXPENSES 27,342 CONSERVATION EXPENSE PROGRAM SERVICE EXPENSES 20,179 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,179 SMALL FF&E PROGRAM SERVICE EXPENSES 12,395 MANAGEMENT AND GENERAL EXPENSES 4,299 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,694 EXHIBIT RENTAL FEES PROGRAM SERVICE EXPENSES 16,250 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,250 WRITE OFFS PROGRAM SERVICE EXPENSES 15,588 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,588 DONOR RELATIONS PROGRAM SERVICE EXPENSES 4,693 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 7,380 TOTAL EXPENSES 12,073 TAXES & FEES PROGRAM SERVICE EXPENSES 9,641 MANAGEMENT AND GENERAL EXPENSES 100 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,741 EXHIBITION FEES & SUPPLIES PROGRAM SERVICE EXPENSES 7,848 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,848 MEMBERSHIP FEES PROGRAM SERVICE EXPENSES 4,771 MANAGEMENT AND GENERAL EXPENSES 1,305 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,076 EXHIBIT DESIGN PROGRAM SERVICE EXPENSES 5,675 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,675 BOARD OF DIRECTORS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 5,283 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,283 TELEPHONE PROGRAM SERVICE EXPENSES 5,177 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,177 PROFESSIONAL DEVELOPMENT PROGRAM SERVICE EXPENSES 250 MANAGEMENT AND GENERAL EXPENSES 50 FUNDRAISING EXPENSES 3,618 TOTAL EXPENSES 3,918 MISCELLANEOUS PROGRAM SERVICE EXPENSES 2,279 MANAGEMENT AND GENERAL EXPENSES 1,510 FUNDRAISING EXPENSES 7 TOTAL EXPENSES 3,796 PHOTOGRAPHY PROGRAM SERVICE EXPENSES 1,735 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,735 PUBLICATIONS & SUBSCRIPTIONS PROGRAM SERVICE EXPENSES 1,270 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 222 TOTAL EXPENSES 1,492 AUTO PROGRAM SERVICE EXPENSES 851 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 851 OTHER STAFF EXPENSE PROGRAM SERVICE EXPENSES 59 MANAGEMENT AND GENERAL EXPENSES 741 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 800 STAFF SEARCH PROGRAM SERVICE EXPENSES 685 MANAGEMENT AND GENERAL EXPENSES 96 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 781
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PERMANENT COLLECTION PURCHASE -6,750

Additional Data

Software ID:
Software Version:
EIN: 81-6003526
Name: TRIGG - CM RUSSELL FOUNDATION INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE MASTERSON CHAIR	1 00	X		X				0	0	0
JACK AMUNDSON DIRECTOR	1 00	X						0	0	0
HENRY D BEDFORD DIRECTOR	1 00	X						0	0	0
CHRISTINA HOOVER-BLACKWELL SECOND VICE-CHAIR	1 00	X		X				0	0	0
NORMAN I BOOK JR DIRECTOR	1 00	X						0	0	0
BRUCE CHRISTENSEN DIRECTOR	1 00	X						0	0	0
KELLY CLAY DIRECTOR	1 00	X						0	0	0
WILLIAM COWAN DIRECTOR	1 00	X						0	0	0
LISA COWAN-HUESTIS DIRECTOR	1 00	X						0	0	0
J MICHAEL DADY DIRECTOR	1 00	X						0	0	0
TOM DECKER DIRECTOR	1 00	X						0	0	0
PHILIP DRESCHER DIRECTOR	1 00	X						0	0	0
JAMES FISH TREASURER	1 00	X		X				0	0	0
RANDY FOUTCH DIRECTOR	1 00	X						0	0	0
CHANNING HARTELIUS SECRETARY	1 00	X		X				0	0	0
GAIL HAYES-DAVIS DIRECTOR	1 00	X						0	0	0
CHARLES M HUNTER DIRECTOR	1 00	X						0	0	0
MICHAEL INGRAM DIRECTOR	1 00	X						0	0	0
CARRIE JENSEN DIRECTOR	1 00	X						0	0	0
DAVID J KORDNER DIRECTOR	1 00	X						0	0	0
KATIE MEREDITH DIRECTOR	1 00	X						0	0	0
BARBARA MOE DIRECTOR	1 00	X						0	0	0
VAN KIRKE NELSON MD DIRECTOR	1 00	X						0	0	0
NANCY PETERS DIRECTOR	1 00	X						0	0	0
TOM PETRIE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
WERNER QUASEBARTH DIRECTOR	1 00	X						0	0	0
ROBERT RASMUSSEN DIRECTOR	1 00	X						0	0	0
WILL ROEHM DIRECTOR	1 00	X						0	0	0
JOHN D ROGERS JR DIRECTOR	1 00	X						0	0	0
DAVID SOLBERG DIRECTOR	1 00	X						0	0	0
SARAH STEVENSON DIRECTOR	1 00	X						0	0	0
JIM STRAUSS DIRECTOR	1 00	X						0	0	0
WAYNE THARES DIRECTOR	1 00	X						0	0	0
ANNIE THOM DIRECTOR	1 00	X						0	0	0
CAROL THOMAS DIRECTOR	1 00	X						0	0	0
JESSIE VAN NESS DIRECTOR	1 00	X						0	0	0
SARA WALSH DIRECTOR	1 00	X						0	0	0
J STEVEN WHISLER FIRST VICE-CHAIR	1 00	X		X				0	0	0
SUSAN JOHNSON CHIEF OPERATIONS OFFICER	40 00			X				79,476	0	0
SARAH BURT CHIEF CURATOR	40 00			X				71,483	0	478