	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	Plan ctions 104 and 4065 of the Employe	2009									
Er	Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a Employee Benefits Security Administration Internal Revenue Code (the Code).					This Form is Open to Public						
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Inspection						
	Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 03/31/2010											
_		single-employer plan	g	3/31/2								
	This return/report is for:	mployer plan (not multiemployer)		one-participant plan								
в	This return/report is for:	n/report	athe)									
c		year return/report (less than 12 mo										
	C Check box if filing under:											
Pa	Part II Basic Plan Information—enter all requested information											
	Name of plan		allon		1b	Three-digit						
	TTLE INDIAN CENTER PENSIC	N PLAN				plan number						
					10	(PN) 🕨						
					IC	Effective date of plan 07/01/1977						
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0877683						
					2c	Plan sponsor's telephone number						
	I2TH AVE S STE 300 ITLE, WA 98144-1911				2d	206-329-8700 Business code (see instructions)						
		address (if same as Plan sponsor, er	nter "Same	2")	3b	813000 Administrator's EIN						
SEAT	TTLE INDIAN CENTER	611 12TH AV SEATTLE, W			•	91-0877683						
SLATTLE, W					3C	Administrator's telephone number 206-329-8700						
4 If the name and/or EIN of the plan sponsor has changed since the las				port filed for this plan, enter the	4b	EIN						
name, EIN, and the plan number from the last return/report. Sponsor					4c	PN						
5a	Total number of participants at	the beginning of the plan year			5a	7						
b	Total number of participants at	the end of the plan year			5b	0						
С		th account balances as of the end of	, ,	, i	5c	0						
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No						
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
		er 6a or 6b, the plan cannot use Fo		,		Yes No						
Pa	rt III Financial Informa											
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year						
а	Total plan assets		7a	43863	3	0						
b	1		7b		0							
<u> </u>		b from line 7a)	7c	43863								
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total						
a			8a(1)	()							
	(2) Participants		8a(2)	()							
	(3) Others (including rollovers)		8a(3)									
b			8b	10123	3							
C d		otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)			_	10123						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			8d	53986	5							
e Certain deemed and/or corrective distributions (see instructions)			8e									
f Administrative service providers (salaries, fees, commissions)			8f									
g	Other expenses		8g									
h		3e, 8f, and 8g)	8h			53986						
i	() (8h from line 8c)				-43863						
J	mansfers to (from) the plan (se	e instructions)	8j									

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2C
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)			x				
С	Was the plan covered by a fidelity bond?	10c	X					40000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	ction 3	02 of E	RISA?	X	Yes	No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter rulin granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Enter the minimum required contribution for this plan year			12b				0
С	Enter the amount contributed by the employer to the plan for this plan year			12c				0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[12d				0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):				IN(s) 13c(3		3c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establi	shed.			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is true,	correct, and	l complete.	
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SIGN	Filed with authorized/valid electronic signature.	09/28/2010	CAMILLE MONZON					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF	Short Form Annual Re	turn/Re	eport of Small Employ	ee		01	MB Nos. 1210-0110 1210-0089		
Department of the Treasury	Benefit Plan					2009			
Department of Labor	abor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Th						Open to Public		
Employ: e Benefit: Security Administration Pensich Benefit Guaranty Corporation	Complete all entries in accorda			SF.		insp	ection		
	dentification Information								
or calendar plan year 2009 or fis	cal plan year beginning 0	7/01/20				.72010			
This return-report is for:	X single-employer plan	nultiple-em	iployer plan (not multiemployer)			participan	it plan		
3 This return/report is for:		inal return/	•						
			/ear return/report (less than 12 mon	ths)					
Check box if filing under:		automatic e	extension		U DF	C program	ท		
	special extension (enter description		<u></u>						
<u> </u>	rmation-enter all requested informa	tion		1b	Three	digit	······································		
a Name of plan SEATTLE INDIAN CE	NTED DENSION DLAN					imber			
SEATTLE INDIAN CE	NIER FENSION FIEN				(PN)		001		
				1 C		/e date of 1/1975	•		
				2b			ication Number		
a Plan sporsor's name and ad SEATTLE INDIAN CE	dress (employer, if for single-employer p	nan)			(EIN)	1-087	7683		
				2c		329-8	elephone number		
611 1: TH AVE S ST	E 300			2d			see instructions)		
SEATTLE	WA 98144-1911				813	***			
a Plan administrator's name ar	nd address (if same as Plan sponsor, er	iter "Same'	")	3b		istrator's I 187768			
SMATTLE INDIAN CE				3c			elephone number		
611 12TH AVE S STE 300 SHATTDE WA 98144-1911			·····			329-8	700		
If the name and/or EIN of the	plan sponsor has changed since the las	t return/rep	port filed for this plan, enter the	4b	EIN				
name, EIM, and the plan num	ber from the last return/report. Sponsor	shame		4c	PN	<u>_</u>			
5a Total number of participants	at the beginning of the plan year			5a					
	at the end of the plan year			5b					
c Total number of participants	s with account balances as of the end of	the plan y	ear (defined benefit plans do not	5c			ł		
complete this item)	is during the plan year invested in eligibl	lo preste?	(See instructions)	L			X Yes No		
	of the annual examination and report of a	an indepen	dent qualified public accountant (IG	PA)					
under 20 CER 2520 104-46	? (See instructions on waiver eligibility a	and conditi	ONS. }			••••••	X Yes No		
If you answered "No" to e	either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.			······································		
Part III Financial Infor	mation		(a) Beginning of Year			(b) End	l of Year		
7 Plan Assets and Liabilities		7a	4386	3					
•		7b		0					
•	ne 7b from line 7a)	. 7c	4386	53					
8 Income Expenses, and Tra			(a) Amount	_		(b)	Total		
a Contributions received or re-	aceivable from:			0	* #	· · ·	· ·		
			·u,	ō					
				Ť					
• •	rers)		101:	23		1	· · · ·		
	(1), 8a(2), 8a(3), and 8b)				<u></u>		1012		
	ect rollovers and insurance premiums					· · .			
Lo provide benefits)			539	36					
	rective distributions (see instructions)								
	viders (salaries, fees, commissions)		<u> </u>						
-		1			;	. <u></u>	5398		
•	8d, 8e, 8f, and 8g)			÷	. .		-4386		
	t line 8h from line 8c) n (see instructions)		- <u> </u>	:		<u>.</u>			
J Fransiers to (from) the plat	n face manacrona)	··· 8j	I	Ŀ			5 5500 65 (2006		

Form 5500-SF 2009

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			······································						<u></u>	
Part	<u>IV</u>	Plan Characteristics e pla: provides pension benefits, enter the applicable pension feature	re codes from the List	of Plan Chara	cteris	tic Co	des in t	e instruction	15:	
b	lf th	e plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Chara	cterist	ic Cod	les in tr	e instruction	S:	
			·····						····	
Part	<u>V</u>	Compliance Questions				Yes	No	A	nount	
10	Du	ring the plan year: is there a failure to transmit to the plan any participant contributions	within the time period	described in						
		CEP 2510 3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Program	••••	10a		X			
b	Ma	we there any noneverant transactions with any party-in-interest? (Do	o not include transaction	ons reported	105		x			
	C 1	line 50a.)			10b 10c				4	0000
С	l) I	as the plan covered by a fidelity bond?				x				
d	- Of	d the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?			10d		x			
e	i de	ere any fees or commissions paid to any brokers, agents, or other pa surance service or other organization that provides some or all of the structions.)	e denents nunder me he	ann (bee	10e		x			
f	H	as the plan failed to provide any benefit when due under the plan?	******		10f		X			
q		d the plan have any participant loans? (If "Yes," enter amount as of			10g		х			<u></u>
9 h	L.	this is an individual account plan, was there a blackout period? (See 520.101-3.)	instructions and 29 C	FR	10h		х			
i	r •	120.101-3.)	equired notice or one o	of the	10i				ter and at	
			<u></u>	<u> </u>						
11		Pension Funding Compliance this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instru	ctions and cor	nplete	Sche	dule SI	(Form	∏ Yes	No
	- 64	i(())	******						X Yes	
12	l:	this a defined contribution plan subject to the minimum funding req	uirements of section 4	12 of the Cod	e or s	ection	302 of	ERISA?	K tes	
	(1	"Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.) methined in this plan w	oor soo instri	iction	s and	enter ti	e date of the	e letter rul	ing
а	l If	"Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being a ranting the waiver.	moruzeo in uns pian y	Mo	nth _		Day	····· `	rear	
11	Evo	a completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and s	kip to ane 1a	•	Г		·	· · · · · · · · · · · · · · · · · · ·	0
E) E	nter the minimum required contribution for this plan year			• • • • • • • • • • • •		12b		+	0
c	• :=	nter the amount contributed by the employer to the plan for this plan	ı year				12c			
c	4 0	ubtract the amount in line 12c from the amount in line 12b. Enter the egative amount)	e result (enter a minus	sign to the lef	it of a		12d			0
e	e v	/ill the minimum funding amount reported on line 12d be met by the	funding deadline?			<u></u>		Yes	No	N/A
Par					-	_	_			<u></u>
		las a resolution to terminate the plan been adopted during the plan y	year or any prior year?		,		<u></u>		X Yes	No No
	1	"Vec." enter the amount of any plan assets that reverted to the emp	lover this year				13a			0
Ľ) (Vere all the plan assets distributed to participants or beneficiaries, tra-	ansferred to another p	lan, or brougr	10 UNC:	er me			X Yes	[No
c	. 1	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify	the p	lan(s)	to			
		c(1) Name of plan(s);				1	3c(2)	IN(s)	13c(3) PN(s)
									ļ	
								<u> </u>		
		n: A penalty for the late or incomplete filing of this return/report	rt will be assessed u	nless reason	able d	ause	is esta	lished.		
		penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well	I dealers that I have a	vernined this r	OT IT IT O	rennri	. mcauci		ible, a Scl knowledg	nedule e and
be	liei,	it is true correct, and complete.	1							
		TITIMMAPIO	9/27/100	CAMILLE N					<u> </u>	
	IGN ERf		Date /	Enter name o			signing	<u>as plan adm</u>	inistrator	
_	100	TTUTULA	90710	CAMILLE N						
	IGA EPI		Date	Enter name of	of indiv	vidual	signing	as employe	or plan s	ponsor

HERE Signature of employer/plan/sponsor