	Form 5500-SF			Report of Small Emplo	yee	(OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service		Benefit	C PIAN ctions 104 and 4065 of the Employe	e	2	009	
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the ode (the Code).			Open to Public	
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Ins	pection	
		entification Information	<u>,</u>					
_	calendar plan year 2009 or fisca			g	2/31/2			
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participa	nt plan	
B	This return/report is for:	first return/report	final retur	•				
_	2	an amended return/report		year return/report (less than 12 mo	nths)	-		
C	Check box if filing under:	Form 5558		extension		DFVC progra	m	
		special extension (enter descriptio	,					
	IT II Basic Plan Inform	nation—enter all requested information	ation		1h			
	CASINO 401(K) PLAN				1b Three-digit plan number			
						(PN) 🕨	001	
					1c Effective date of plan 01/01/2000			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b Employer Identification Number (EIN) 91-1954642			
	8 AURORA AVE N				2c Plan sp			
	TLE, WA 98133				2d Busines			
	Plan administrator's name and T ON INN ROADHOUSE CASI	address (if same as Plan sponsor, er		,	3b	713200 Administrator's E 91-1954		
		SEATTLE, W		•	3c	3c Administrator's telephone number 206-546-8040 4b EIN		
		n sponsor has changed since the las		port filed for this plan, enter the	4b			
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	DN		
5a	Total number of participants at	the beginning of the plan year				4c PN 5a 27		
b		the end of the plan year			5b		6	
С	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not				
62					5c		6 X Yes No	
		uring the plan year invested in eligibl e annual examination and report of a			PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes 🗌 No	
Da	If you answered "No" to either the second se	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.			
<u>га</u> 7	Plan Assets and Liabilities			(a) Paginning of Voor		(b) End	of Voor	
'a			7a	(a) Beginning of Year	8	(b) End	2720	
b	•		7u 7b		0		0	
с	•	b from line 7a)	7c	1236	в		2720	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or received		• (1)		<u>_</u>			
			8a(1)		0			
			8a(2) 8a(3)		0			
b	., ,		8b	4	_			
c	()	8a(2), 8a(3), and 8b)	8c		-		42	
d		ollovers and insurance premiums						
	1 ,		8d	890				
e		ive distributions (see instructions)	8e		0			
t	•	s (salaries, fees, commissions)	8f	78	_			
g b		200 of and 20	8g		0		9689	
n i		3e, 8f, and 8g) 9 8h from line 8c)	8h 8i				-9647	
i		e instructions)			0			

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

Page 2-1

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 2G 2J 3D
- **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	Du	uring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х				
С	W	/as the plan covered by a fidelity bond?	10c		Х				
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х				
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Yes	X No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of	ERISA	?	Yes	X No
	(lf	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting 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	En	ter the minimum required contribution for this plan year			12b				
С		ter the amount contributed by the employer to the plan for this plan year			12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				
е	Wi	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	s	No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	На	as a resolution to terminate the plan been adopted during the plan year or any prior year?)	Yes	No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co		1	Γ	Yes	X No
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				_	_
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion	• A negative for the late or incomplete filing of this return/report will be assessed unless reasonab			octabl	ichod			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 complete.

SIGN	Filed with authorized/valid electronic signature.	09/30/2010	LUVA CHILDE
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

DRIFT ON INN CASINO	Gep 30 10 12:00p
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506-542-6435

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Plan Characteristics

Form 5500-SF 2009

Signature of employer/plan sponsor

HERE

SIGN

506-542-6435

Page 2-1

S.q

Enter name of individual signing as employer or plan sponsor

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 30 51 SC SE SE

9a It the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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(11 "Yes," complete 12a or 12b, 1, all 11 a waiver of the minimum fundur	pildge as wolad ast bas bet				pe letter ruling
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b Enter the minimum required cont				130	
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