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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

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 09	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Seattle Indian Center
	D Employer identification number 91 0877683
	E Telephone number (206) 329-8700
	G Gross receipts \$ 1,230,847
F Name and address of principal officer Camille Monzon same as C above	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ N/A	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1972 M State of legal domicile WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Seattle Indian Center provides social services, educational services, food bank, emergency shelter, and support services for job training and job search for needy individuals and families located within the Seattle Metropolitan service area.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	25
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	912,479	1,175,354
	9 Program service revenue (Part VIII, line 2g)	54,067	55,032
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	865	461
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,800	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	969,211	1,230,847
	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)	392,989	300,051
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2010		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	659,206	958,904
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,052,195	1,258,955
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-82,984	-28,108
	20 Total assets (Part X, line 16)	107,582	104,546
	21 Total liabilities (Part X, line 26)	158,585	183,657
	22 Net assets or fund balances. Subtract line 21 from line 20	-51,003	-79,111

Part II Signature Block

Sign Here	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.	
	Signature of officer Camille Monzon	Date 8/3/10
Paid Preparer's Use Only	Type or print name and title Camille Monzon, MPA - Executive Director	
	Preparer's signature [Signature]	Date 8/3/10
	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 SARAH JOSEFA V. DIAMA 4711 25th AVE SW, SEATTLE WA 98106	EIN ▶ (206) 307-8926
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)

SCANNED AUG 12 2010

62

21